

Empowering Communities Through Public Health Awareness and Advocacy

HEALTH LEADERSHIP TRAINING GUIDE

A Training Guide For Community Members Dedicated to Becoming Effective Health Leaders

**Long Beach Department of Health and Human Services
Community Partners Council
The Children's Clinic, Serving Children and Their Families
Long Beach Community Health Council**

Funded by the Public Health Institute and the California Endowment

INTRODUCTION



Long Beach Partnership for the Public's Health
A Community United for Better Health

"Give a man a fish, feed him for a day. Teach a man to fish, feed him for an entire lifetime."—Ancient proverb

In 1999, The California Endowment awarded 40 million dollars over five years to the Public Health Institute (PHI) to plan and implement the Partnership for the Public's Health (PPH). This grant-making initiative pioneered efforts to bring about long-term, systemic changes in how community health issues are identified, addressed and evaluated in California.

PPH is both a place-based and people-based strategy. PPH supports strong, dynamic partnerships that bring residents, community groups and health departments together to improve community health. Resources are invested directly in communities through both community organizations and local health departments. Community residents understand what is needed to improve health and well-being because health happens at the community level, where people live. The engagement and investment of community residents in improving their own health is vital to sustaining improvement and building accountability. Public health departments are the only enduring public resource that has the mission and mandate to protect and promote the health and well-being of the public. Looking beyond medical care, public health departments are charged with preventing illness and disease before they happen.

PPH is also committed to identifying and supporting policy and system changes that promote community-based public health within the communities served by its grantees, in the State of California as a whole and in our nation. A total of 39 community groups and 14 health departments are participating in the project statewide.

Source: www.partnershippph.org

The Long Beach Experience

The Long Beach Department of Health and Human Services (LBDHHS) is one of the PPH grantees. In collaboration with community partners, namely, the Community Partners Council, The Children's Clinic, and the Long Beach Community Health Council, the Long Beach PPH developed a Health Leadership Training (HLT) program for residents of Long Beach. The Health Leadership program is a yearlong training program for residents of Long Beach who are dedicated to gaining practical skills they can use to improve the health of their communities. The main tracks of the training are increasing public health awareness and building community leadership. Participants learn skills on how to solve health issues in their communities.

The HLT was piloted in 2001 and was evaluated by the California State University Long Beach as an effective program that provides residents with a core set of knowledge and skills to become effective health advocates in their communities. Graduates of the program include mothers and fathers, some of whom are monolingual Spanish-speakers. Graduates have successfully formed neighborhood groups to address a variety of health issues in their communities, while others have found employment in the health field. The HLT has transformed a community of residents into strong health advocates who **can and are able** to solve local issues on their own.

In order to retain participants in the HLT, the following incentives and support were provided to the participants:

A convenient location for the classes: A local church, St. Luke's Episcopal Church, generously provided a classroom for all HLT classes. St. Luke's Church is located in downtown Long Beach and is easily accessible by bus or within walking distance for most of the participants.

Childcare: The majority of the HLT participants were young mothers with young children. Childcare was provided at each class.

Transportation: The Long Beach PPH subcontracted with a local cab company to provide transportation to and from the church to all HLT participants.

Breakfast, lunch and refreshments: Food was provided at all classes.

Incentives: A gift certificate worth \$10.00 from Ralph's grocery store was given to each HLT participant for every class they completed.

Spanish interpretation and translation: Because the majority of the HLT participants were monolingual Spanish speakers, all class materials were translated in Spanish and simultaneous interpretation was provided at all classes. The Long Beach Health Department and the Community Partners Council used a portion of their PPH funding to purchase a language interpretation system. For a comprehensive guide to interpretation and translation, please visit www.partnershipph.org/col4/hand-man/cult-comp.pdf

Ongoing technical assistance and staff support to all HLT participants:

The coordinators of the HLT were available to assist HLT participants in completing their homework assignments and group projects. The project coordinators also provided referral for community services such as local clinics or public health programs if a resident requested assistance in this regard. The project coordinators provided a make-up session for participants who missed a class if it was requested by a participant.

These incentives played a critical role in the success of the HLT. While resources are scarce, community based organizations who wish to replicate the HLT in their communities, may secure local support or donations from local businesses to provide a few of these incentives to potential participants.

About the Health Leadership Training Guide (HLTG)

The Health Leadership Training Guide is a tool any community-based organization can use to develop a cadre of staff residents who are dedicated to making a difference in their community. The guide contains teaching materials that residents, health professionals, and outreach workers can use for their communities.

The guide is organized in to five main sections: 1) Identifying and Assessing Community Problems, 2) Solving Community Health Problems, 3) Community Leadership Skills, 4) Group Retreat, and 5) Graduation. Each section provides a workshop description, learning objectives, teaching materials, quizzes, trainer's note, and references. Each section and workshop may be used independently and in any order your organization prefers. The sections on Group Retreat and Graduation are optional. The guide is also available on CD-ROM.

Technical Assistance Program

A technical assistance program is available in to assist community-based organizations interested in using the guide in their community. The technical assistance program offers the following services:

An assessment of your organizational needs and capacity to implement the HLT successfully. A team from the Long Beach PPH staff will be assembled to determine your needs and expectations for implementing or adopting the guide to fit your needs. A team of Long Beach PPH staff is available to provide an overview of how to use the guide. An overview training may be conducted for your staff if needed.

To request technical assistance, please call:

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Long Beach Department of Health and Human Services
3820 Cherry Avenue, Long Beach, CA 90807
Phone: 562-570-7920 Fax: 562-570-8123
E-Mail: Cheryl_Barrit@longbeach.gov

The Health Leadership Training Guide is our effort to share our success with our neighbors. Our experience with the Partnership for the Public's Health initiative has taught us that health departments and residents must explore solutions together in order to bring good health to our communities. Our journey as a community has reaped great rewards and achievements. We hope that this guide can assist your community in a successful journey to a healthier community.

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Credits and Acknowledgements

Identifying and Assessing Community Problems

WORKSHOP A:

Understanding How Public Health Works In Our Community

Workshop Description:

This workshop will provide an overview of public health, the core functions of public health, a brief history of public health in the United States, and provide an understanding of prevention.

Learning Objectives:

By the end of the workshop, participants will:

1. Be able to define what is public health.
2. Name the core functions of public health.
3. Provide examples of the essential services of public health.
4. Cite historical events that demonstrate how public health has improved our lives.
5. Define “prevention” and what role individuals, organizations, and other sectors of society play in promoting health and quality of life.

Equipment, Materials, and Supplies Needed:

- Easel and flipchart
- Color markers
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE:

I. Introduction:

Group Discussion

A number of public opinion polls have shown that many people do not know what is public health. There remain many misperceptions about what constitutes public health and what public health does. An understanding of public health is necessary before engaging in any work that attempts to tackle community health issues. Thus, the following group activity will serve as a catalyst for discussion and education on the meaning of public health.

II. Definition of Health

- Ask participants for their own definition of health. What does health mean to you?
- Share the World Health Organization’s (WHO) definition of health to demonstrate that health encompasses a broad definition.

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” —WHO

III. Definition of Public Health

- Ask participants what they think public health means. What is public health?

Trainer Note: Answers that take a broad view of community and wellness are considered correct, while answers that only talk about health care for the poor are considered too narrow.

- Share the Institute of Medicine's definition of public health (gold standard definition).

"Public health is what we, as a society do to collectively assure the conditions in which people can be healthy."— Institute of Medicine

- Public health is what we do together as a group to provide and protect the conditions in which people can be physically, mentally and socially healthy.

IV. Public Health in America

Understanding of Public Health

A. Vision: Healthy People in Healthy Communities

B. Mission: Promote physical and mental health and prevent disease, injury and disability.

C. Purpose of Public Health:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors and mental health
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

Source: Public Health Steering Committee, Public Health in America, Fall 1994, <http://198.102.218.57/phfunctions/Default.htm>. (August 18, 2003)

V. The Three Core Functions of Public Health

1. Assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.

Examples:

- *Disease surveillance*: Detect, verify and respond appropriately to epidemics or diseases that threaten public health.
 - *Water quality testing*: Periodic testing of drinking water to ensure it is safe and meets all federal and state standards.
2. Formulating public policies, in collaboration with community and government leaders, designed to solve identified local and national health problems and priorities.

Examples:

- *Seat belt laws*: The enactment of state laws has made seat belts mandatory in almost all states. Since its enactment the use of seat belt have significantly reduced car fatalities.
 - *Smoke-free workplaces and public areas*: Second hand smoking has been shown to have negative health effects on non-smokers. Laws restricting smoking in public areas play a critical role in reducing the health risk of lung cancer and other diseases among non-smokers.
 - *Fluoride in drinking water*: Fluoridation of community drinking water is largely responsible for the decline in tooth decay.
3. Assuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

Examples:

- *Nutrition education—Women, Infant, and Children (WIC)*: The WIC program provides low-income women, infants and children up to age 5 with nutritious foods to supplement their diets. This program also provides nutritional education and health care referrals.
- *Tobacco cessation programs*: These programs provide support to help smokers quit using tobacco products.
- *Rehabilitation programs*: These programs provide support to substance abusers in order for them from abstain from using harmful substances.
- *Prenatal care*: These programs provide prevention, screening and education on a wide range of health issues in order help expectant mothers stay healthy and ensure the birth of healthy baby. Prenatal care begins as soon as the mother knows she is expecting and continues until after delivery.

- *Medi-Cal and Healthy Families insurance programs:* These programs provide health insurance coverage at no cost to qualifying low-income individuals.

VI. Essential Services of Public Health

Key Public Health Concepts

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

VII. Major Public Health Historical Events

Public Health Achievements

The following are examples of events that have led to dramatic improvements in public health.

- *Sanitation:* In 1850, a report by Lemuel Shattuck of Massachusetts pointed out various threats to health as a result of poor sanitary conditions. His report led Massachusetts to form the first state health department in 1889 and make great advances in sanitation such as improving water supplies, sewage and waste disposal among other things.
- *Polio vaccination:* A strategic vaccination campaign helped to eliminate this disease that affected children. In 1955, the introduction of the polio vaccine led to the funding of state and local childhood vaccination programs, which ultimately helped eradicate the disease in the U.S.
- *Surgeon's General Report on Smoking:* The 1964 Surgeon's Report alerted the nation to the health risk of smoking. The 1964 Report and subsequent reports have had an impact on public attitude towards smoking and have helped launch the following policies: health warnings on cigarette packages, ban on cigarette advertising on television and radio, sales taxes on cigarette packages and anti-smoking campaigns.
- *Seat belt laws:* Seat belt use began to increase after the first state mandatory-use law was adopted in 1984. In response to these laws and law enforcement efforts which allow police to stop vehicles because occupants are not wearing seat belts, seat belt usage has increased, resulting in decreased car fatalities.

VIII. What is prevention?

- Prevention versus treatment.
 - ✓ Prevention is stopping an illness before it happens.
 - ✓ Treatment is what we do to remedy the illness once it happens.
- Individuals have a responsibility to take care of themselves. Healthy habits such as eating nutritious food and exercising are examples of how one can practice prevention.
- Specific methods of protection such as immunizations and removal of occupational hazards are also considered prevention measures.
- An example of treatment is providing medicine to a patient with high blood pressure. Research shows that eating healthy food and regular exercise can reduce the risk of high blood pressure.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is public health?
2. Name the core functions of public health.
3. What are some essential services of public health?
4. Name one major public health event and how it improved public health.
5. Describe what is prevention.

References:

American Public Health Association. The Essentials of Public Health. Retrieved on June 30, 2003 from: <http://www.apha.org/ppp/science/10ES.htm#notes>.

CDC. (1999) Achievements in Public Health, 1980-1999: Changes in the Public Health System. MMWR, 48(50) 1141-47.

U.S. Department of Health and Human Services. Public Health Functions Project. Retrieved on August 15, 2003 from <http://198.102.218.57/phfuncitons/Default.htm>.

Workshop Description:

This workshop explores the social, economic, political, physical, and environmental factors that affect one's health. The workshop will engage participants in examining real-life scenarios involving a variety of community health issues. The scenarios will challenge participants to describe the variety of factors that affect health.

Learning Objectives:

By the end of the workshop, participants will:

1. Be able to list different factors that work together to influence health.
2. Propose solutions to health problems that involve various members of the community.
3. Analyze community health issues by using a broad definition of health.

Equipment, Materials, and Supplies Needed:

- Easel and flipchart
- Color markers
- Paper and pencils for participants
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE:

Group Discussion

I. Individual and Community Factors that Influence Health

- Ask participants for their insights on what they think affects a person's health.
- Use the following narrative to initiate group discussion on the individual and community factors that influence health:

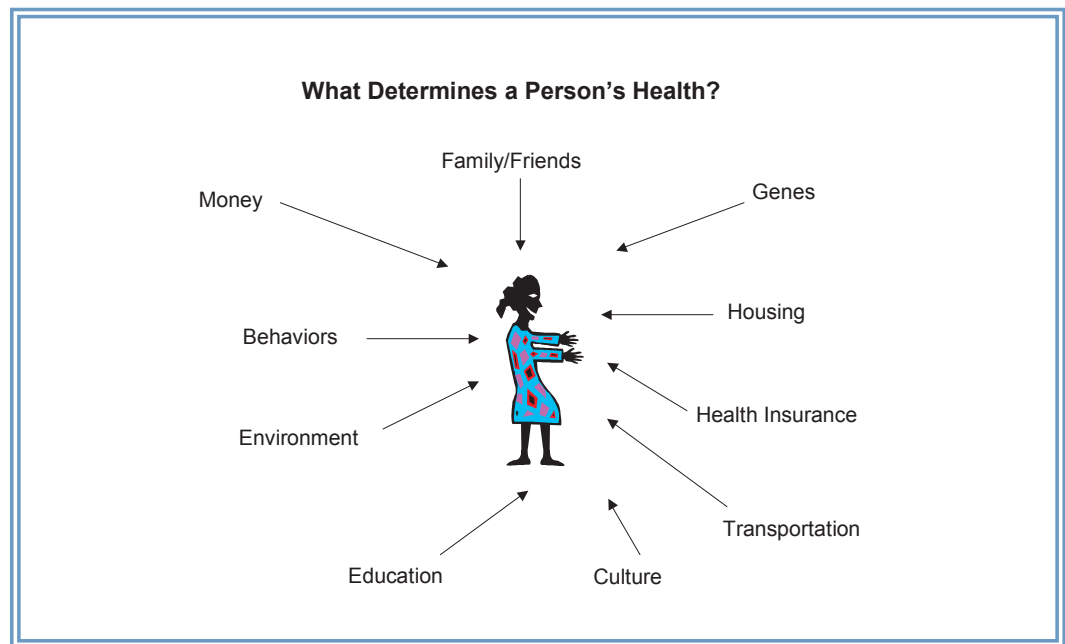
A young boy named Tom is doing poorly in school. He gets mostly Ds and Fs on his report card. He seems to be a normal child. He is able to play with his classmates and even participate in class sometimes. However, Tom misses a lot of school days because he often gets sick. Asthma tends to run in his family.

Tom lives in a crowded apartment with his 4 brothers and sisters. His parents earn minimum wage at a local refinery. They want to find a better job but are having a lot of difficulty because they do not have significant skills or education.

- Ask participants to think about this story and answer the following question, "What is affecting Tom's health?" Get a few responses from the participants.

- Use the following slide to explain in detail the individual and community factors that influence health.

Trainer Note: If you are not using the overheads you can also draw the following diagram on your easel notepad to help participants visualize the important factors that affect health.



- Provide the following examples for the various individual and community factors that affect health.
 - ✓ Physical environment: housing, air quality, exposure to lead
 - ✓ Social environment: support system like family and friends, poverty, safe neighborhoods
 - ✓ Economics: employment, ability to fulfill one's materials needs
 - ✓ Genetics: family history
 - ✓ Access to care: immunization, screening, preventive health check-ups

II. Identifying Solutions to Improve Health and Well-being

Who should be involved in improving health

Solutions to many health problems can be found within the community. Building a healthier community requires the input and investment of a broad group of people and community sectors. Knowing your community and identifying community stakeholders is an important first step.

Present the following list of stakeholders in a community that can play a crucial role in improving health. Please note that stakeholders (or decision-makers) usually have the power, influence and/or commitment to solving community health issues making them great allies. Establishing and building a relationship with them can help in the planning process and put residents in a better position to make needed changes.

Identifying key stakeholders in your community

- City Council members
- Board of Education
- Elected Officials
- Parents and caregivers
- Community residents
- Social service providers
- Community organizers
- Individual leaders
- Ministers or religious leaders
- Business owners, etc.

In addition, partnering with institutions or organized groups in the community can also help citizens bring about needed changes. Assess the problem and strategize which institutions in the community would make good partners.

- ✓ Institutions: local health departments, schools, businesses, media, parks and recreation departments, hospitals, etc.
- ✓ Community Organizations: social service organizations, neighborhood associations, parent teacher associations (PTAs), churches, etc.
- ✓ Specialized Groups: organizations centralized around a specific social issue (i.e. Community Clean-Up initiative by an environmental group).

III. Group Activity: “Community Case Studies” (30 minutes)

Group Activity

Trainer Note: A case study is a teaching method using realistic scenarios that focus on a specific topic or problem. Case studies are used to encourage the development of problem solving skills. They also actively involve participants in a discussion where they are able to relate training concepts.

Activity Learning Objective

The following activity will enable participants to:

- Identify different factors that influence health and strategize about different parts of the community that should be involved in resolving community health problems.

Materials

- Community Case Studies Handout
- Pencils

Directions

Use the following case studies examples to engage participants in a discussion about which parts of the community should be involved to improve the health and well being of residents in your community.

Divide participants into smaller groups of 3 to 4 people and assign each group a case study. Give groups approximately 20 minutes to review the case study and answer the case study questions. Have a 10-minute debriefing session in which a spokesperson from each group presents their case study and their answers.

Trainer Note: The following case studies are found at the end of this section.

Directions for participants: *Read and analyze the case study individually. When everyone in your group has finished reading it, answer the questions. Select a spokesperson from your group. When everyone has finished, we will discuss the different case studies and the answers each group developed.*

Case Study 1

Emily is an 8-year-old Long Beach resident. She lives close to the 710 highway in a small apartment with her mother and two younger brothers. Her mother is a smoker, even though Emily has asthma and the second hand smoke aggravates her condition. Her house is often unclean and untidy. Emily's brothers are usually dirty from all the dust in the house, and they often find insects in the corners of the apartment. Because her mother doesn't have much money or a job with benefits, none of the children have health insurance.

- What aspects of Emily's life affect her health?
- Who from the community should be involved in order to improve her health?
- What role can each part of the community play in improving Emily's health?

Case Study 2

Pablo's family recently moved to Long Beach from a rural part in Latin America. He now lives in a 2-bedroom apartment with his two parents, two brothers and three sisters. In his country, Pablo's family enjoyed a large home with a huge garden, where they would grow all their own fruits and vegetables. They also had a lot of room to run and play. Now, they live in a crowded apartment building in an unsafe part of town, surrounded by liquor stores and fast food restaurants. Pablo's parents don't allow the kids to go outside and play because they are fearful something might happen to the children. Lack of available healthy food choices and unsafe surroundings have contributed to the children's weight gain and poor nutrition.

- What aspects of Pablo's life affect his health?
- Who from the community should be involved in order to improve his health?
- What role can each part of the community play in improving Pablo's health?

Case Study 3

Mark lives with his parents and sister in North Long Beach. Although he is only 15 years old, he weighs 190 lbs. He has limited healthy food choices at home, school and in his neighborhood. He lives in an area surrounded by fast food chains.

Both of his parents are overweight, and his father suffers from cardiovascular disease. Although his father has high cholesterol and high blood pressure, he smokes 2 packs of cigarettes a day. In addition, his parents do not encourage him to eat healthy or make him exercise and rarely does he participate in sport activities at school. Mark is an overweight and inactive adolescent who is exposed to second-hand smoke because of his father's smoking habit.

- What aspects of Mark's life affect his health?
- Who from the community should be involved in order to improve his health?
- What role can each part of the community play in improving Mark's health?

Case Study 4

Maricarmen is a 2-year-old child. Her family is from Mexico. They live in an old apartment building in the historic part of Long Beach. Their building was built in the early 1900's when it was common for paint to contain lead. She is a curious child who likes to crawl around the house and put all kinds of things into her mouth, including pieces of the chipping paint from the old walls and soil when she is playing outside. Her mother is usually busy cooking, so many times she does not notice what Maricarmen is doing. When Maricarmen's mother cooks she puts the food into beautiful pottery with decorative glaze laced with chemicals that she brought here from Mexico. Her father works in a refinery with lead but never changes his clothing before coming home from work. Unfortunately, Maricarmen's family is very poor, so they often do not get the right amount of nutrients in their diet. Maricarmen is an unhealthy young

child, with low levels of iron and calcium. She is also exposed to many unhealthy pollutants such as the lead from various sources.

- What aspects of Maricarmen's life affect her health?
- Who from the community should be involved in order to improve his health?
- What role can each part of the community play in improving Maricarmen's health?

Case Study 5

Janet is an 18-year-old girl who sometimes lives with her parents in Long Beach but does not get along with them. She dropped out of high school at age 16 because of her drug and alcohol habit. She often runs away from home to stay with friends, many of who are young men who use drugs. They give her drugs and share needles with her, and many times her habit makes her exchange sex for drugs and shelter. Janet's family is very poor and never had health insurance. She never went to the doctor for regular screenings and although she has a risky lifestyle she has never been tested for HIV, STDs or even pregnancy. Janet does not have a job or money, so whenever she needs something she turns to the drug-using men for help.

- What aspects of Janet's life affect her health?
- Who from the community should be involved in order to improve his health?
- What role can each part of the community play in improving Janet's health?

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. Name the individual and community factors that influence health. Please describe.
2. Who can help identify solutions to improving community health?
3. Give examples of community stakeholders. What can they do in a community to improve health?

Reference:

Community Toolbox-University of Kansas Work Group on Health Promotion and Community Development. *Identifying Targets and Agents of Change: Who Can Benefit and Who Can Help*. Retrieved on July 1, 2003 from: <http://ctb.ku.edu/tools/en/chapter-1018.htm>.

Workshop Description:

This workshop will provide an overview of how to gather data, the purposes of data, different types of data, how to recognize credible data, and how to use data to paint a picture of a health issue.

Learning Objectives:

By the end of the workshop, participants will:

1. Be able to define data.
2. Use data to communicate a variety of messages.
3. Name critical steps needed in order to search for relevant and appropriate data.
4. List criteria for evaluating data.
5. Learn common data words.

Equipment, Materials, and Supplies Needed:

- Easel and flipchart
- Color markers
- Pencils for participants
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE:**I. What is data?**

Data is information in the form of tables, charts, reports, etc. In fact, data can be in many forms and come from various sources such as the U.S. Census, Health departments, school records, etc.

Data is particularly important in strengthening a policy debate and/or influencing policy changes. Take the following data examples:

“Nearly 1.5 million California adults have been diagnosed with diabetes.”

Using this data advocates can frame a compelling argument to appropriate funds at the state level for diabetes education, prevention and treatment.

“Minnesota calculated that if all babies died at the rate of American Indian infants, this would mean 600 children - 12 a week and 3,000 over five years- would be lost.”

This data allowed advocates to frame a media campaign, that painted such an unpleasant image that it pressured and mobilized policy makers to act.

II. What is your message?

Data is information that communicates a cause or an issue. Think about what will motivate your decision makers to take action and make necessary changes. Is it equity, access, etc?

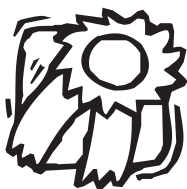
Trainer Note: Stories are most effective when they appeal to someone's values. People, including policy makers, write rules putting into place their values and beliefs.

If you can provide data to decision makers that not only accurately describe what people experience, but also motivate them into action by appealing to their values or belief system, then you have a very powerful tool with which to achieve your goals. Learn more about your decision makers and frame your message based on what is important to them.



Equity:

The data may help answer questions about fairness or justice.



Quality:

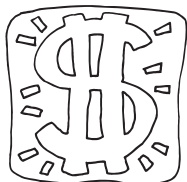
The data may help answer questions about the superiority or inferiority of a service or program.

Access:

The data may help answer questions about whether programs are readily available and used by all or only certain groups.

Rights:

The data may help show a violation of a person's or group's rights.



Cost or Savings:

The data may help reveal the cost or savings associated in providing a program or service.

III. Cutting the Data Question

When looking for data, consider the following questions before you begin your search. They are important in helping you find the relevant and appropriate data.

- What is the **Problem/Issue** you are trying to resolve?
- What is the **Cause of the Problem**?
- What are the **Effects of the Problem** (asthma, cancer, other health consequences)?
- What are the characteristics of the **Population** (race, age, religion)?
- Does **Geography** (area/location where people live) have an effect on the problem?

IV. Criteria for Evaluating Data

What should participants consider when looking at data

Once you have found the data you need it is important to critically look at the data and the sources where it came from. Your criteria for evaluating data should be guided by the following:

A. Credibility:

Looks at who is the data source and whether it is trustworthy. You may want to use the information from well-respected groups who share your same values or mission.

- Who paid for or sponsored the study?
- What is the reputation of the data source?
- What is the mission of the organization who published the data?
- What is the organization's public image or reputation?
- Do organizational interests bias the interpretation and presentation of the data?

Trainer Note: Share the following examples with participants to highlight why they should always critically look at the data source.

Example 1:

A tobacco company released a report based on a sample of 1,000 smokers' families and found that second hand smoke is not a "noticeable health risk".

Discussion Question:

1. Who is the data source?
2. Is this a trustworthy source? Why or why not?
3. Who benefits from this data finding?

Example 2:

According to scientists at the Greening Earth Society, it is estimated that industrial activity will increase global CO₂ levels. CO₂ has been linked to destroying the ozone layer and contributing to global warming. However, the Greening Earth Society states that fuels produced by burning coal is helping give plants the CO₂ they need to grow more lush and green worldwide.

Questions:

1. Who is the Greening Earth Society?
2. What is the mission of the Greening Earth Society?
3. Who benefits from this data finding

Trainer Note: Participants will not necessarily be able to answer the questions listed above based on the information provided. Stress the importance of knowing who is the author of the data and not taking information at face value.

Next, share with participants the funding source of the Greening Earth Society—the Western Fuels Association, a co-op of coal producers that supply power plants. How does the Greening Earth Society and its funders benefit from this information finding? They want to shift public's perception about the environmental hazards related to burning coal. They also want to convince the public that there is little or no environmental harm from power plants. Their profits and income depend on it.

B. Specificity*

Looks at how specific and relevant your data is to your problem or needs. For example, if you are looking at alcohol abuse among adolescents is the data you have found on this specific topic and age group.

- Does it really measure what you are after?
- How do the goals or content of the study relate to your needs?
- Does the research hypothesis relate to your question(s)?
- How close is the relationship between what you need and the research data?

C. Generalizability*

Looks at the population from which the data came from. Do they use a sample that resembles the population you are looking at? If the study was done in New York, does it apply to Long Beach residents?

- What are the characteristics of the population/sample?
- How much can you “generalize” data to your constituents or service population?
- Can the data be applied to other similar populations or sub-populations?
- Do the “who, what, why, when and where” of the data relate to the “who, what, why, when and where” of your work?

Trainer Note: generalizability and specificity are closely related but specificity refers to the information collected and generalizability refers to the sample or population of the research.

D. Timeliness

Looks at how recent or old the data is. The more current the data, the better. However, often there may be a significant delay, especially with big studies. Most national or large-scale surveys may also take a long time before data is published (i.e. Census). The old data may be the best you may have and still be very useful in providing information. But be sure to admit the limitations of this data and whenever possible use a combination of other closely related data.

- When or how recently was the data collected?
- Is it the best available data to suit your needs, even if it is “old.”

V. “Localizing” Data

It may difficult to find the data you need at the local level. Many reports may only provide you with data at the national or state level. In these cases it is important to note that you can make estimates on the data you have found to get the local numbers you need. The following are some guidelines that will assist you in “localizing” your data.

1. Obtain data from a CREDIBLE source that resembles/approximates the data you need.
2. Consider the TIMELINESS and GENERALIZABILITY of the data. Note the similarities and differences between the demographics of the data and the demographics of your constituents.

Do the differences affect the applicability of the data to your constituents? If not, you can probably make your own estimate.

3. Utilizing several data sources, you must mathematically, “piece together” data in order to arrive at an estimate for your target population.

You can do this, but remember to protect your credibility when you create an estimate.

What will the estimate be used for?

Sometimes no number is better than a bad one; sometimes a fuzzy one is better than none. You must decide.

Be prepared to defend the information you use and your methods for getting it.

VI. Paint a Picture

If you are not able to find the exact numbers you need you may want to describe the impact of a health issue in your community with the information you do have by “painting a picture”. You may use the following steps to guide you in your work.

STEP 1: *Define your argument.*

Clearly state what you are trying to do. Describe what problems or issues you are focusing on.

STEP 2: *Define your data needs.*

What do you know about your community? What data do you have that supports what you already know? What do you ideally need to know about your community and issue?

STEP 3: *Find the data.*

Your search should be guided by the following: your problem, cause of the problem, population, geographic area of interest, etc.

Remember that there is a wide range of information sources where you may be able to find the data you need, including:

- ✓ Census;
- ✓ Universities;
- ✓ Research Foundations (Urban Institute, Kaiser Foundation);
- ✓ State or county health departments;
- ✓ Hospital admission data;
- ✓ State human service department;
- ✓ School records; etc.

STEP 4: *Make the data specific.*

Are the data you need for a specific population, health issue or region? If the data is not available for your population is there data that is similar to your population? Data from other communities and issues can help you describe the demographics and issues in your community.

STEP 5: *Utilize the data you have.*

Are the data substantial enough to prove the argument you are trying to make? If yes, you can now start painting a picture.

If not you will need to continue searching or may want to adjust your argument and look at the data you do have. Even without the data you are looking for, you may still be able to paint a picture to prove your argument.

STEP 6: *Organize the data you have in order to paint a picture.*

Choose a few pieces of data that are most relevant to the argument you want to address. Use the data to make a convincing argument and “paint a picture” of the problem.

VII. Ask a Researcher

If you find a particularly helpful study, it might be possible to contact the researcher who wrote the study to find out more. The following are some things to keep in mind if you are going to contact a researcher.

- If the study was close to your topic or issue, the researcher may have data that did not get published that may help you.
- Expect that it will take time, many researchers have moved on to their next discovery by the time data from their last experiment becomes available to the public.
- Be persistent. They are busy and may require constant, but polite reminders.
- When you do get data this way, pay attention to any caveats the researcher places on the data, these are limitations of the data. These limitations may be the reason the researcher did not publish that information, even if he/she found it interesting.
- Seek out those sources of information given by the researcher that may provide additional support or technical assistance.

VIII. Combining Quantitative and Qualitative Data

Quantitative data, is data that is usually expressed in the form of numbers while qualitative data is usually data expressed in words. Since quantitative data (numbers) alone cannot fully demonstrate the human impact of data, it is wise to also use qualitative data to demonstrate the human side of an issue. Used in combination these data have the potential of being a very effective advocacy tool.

Trainer Note: Review the chart below with participants and provide examples where appropriate:

| | Quantitative | Qualitative |
|----------------------|---|---|
| Description | <ul style="list-style-type: none"> Usually measured and expressed in the form of numbers or statistics Answers who, what, when and where questions of a research problem. | <ul style="list-style-type: none"> Usually measured and expressed in the form of words, concepts or categories Often used to gain a more in-depth understanding of a particular incident Answers how or why something is happening |
| Types | <ul style="list-style-type: none"> Census Survey* Questionnaire* Close ended interview* | <ul style="list-style-type: none"> Observation Case study Focus group Open-ended interview* |
| Benefits | <ul style="list-style-type: none"> Increased objectivity Usually Cheaper Allows random sampling Usually easier to interpret | <ul style="list-style-type: none"> Demonstrates “human side” of data |
| Disadvantages | <ul style="list-style-type: none"> Does not demonstrate the “human side” of data | <ul style="list-style-type: none"> Usually not representative Usually More expensive Often misinterpreted |

*Trainer Note: Interviews, Questionnaires and Surveys can be quantitative, if utilizing a close-ended format, or they can be qualitative, if a more open ended format is used.

IX. What do the data need to do?

The data you collect may need to do all of the following, some or just one in order to be effective. The purpose of your data will depend on **whom** you have to convince. For example, if the decision maker is strongly concerned about the cost of financing a program then your data must demonstrate the additional cost of not resolving a problem or the savings associated in providing a program.

Trainer Note: Go over the following concept with participants. Ask about their experience in working with decision makers in their community (School Boards, City Council, etc.), what was their main concern and what type of data particularly influenced them.



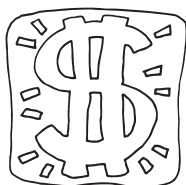
Define the Problem

Does the data adequately describe your problem or issue?



Demonstrate that your solution is the best solution

Show that your proposed solution solves the problem by using data. Does the data back up your solution?



Demonstrate the costs of not resolving the problem

Show the negative consequences in terms of costs or public health consequences.

Cost-saving measures are of particular importance when dealing with policy makers. Review your data to assess your source and ensure your numbers (bottom line) is compelling.

Measure the Outcomes

Does your data support your proposed changes and reveal the positive effects of your change?

X. Group Activity: “Argument - Counter Argument Discussion” (30 minutes)

In presenting a policy proposal, you need to formulate your own argument, anticipate opposing arguments and counter those arguments using data. The following activity will help participants organize their thoughts and data needs.

Activity Learning Objectives

The following activity will enable participants to:

- Identify needed data criteria and draft a sound data argument (message)
Critique the argument and strategize with group members on how to defend it.

•Materials

- Argument –Counter Argument Worksheet
Pencils

Directions

Divide participants into smaller groups of 3 to 4 people and assign each group one of the following topics:

1. Lead Prevention
2. Women’s Health- Breast and Cervical Cancer
3. Drugs
4. Pregnancy Prevention
5. Gang Violence
6. Sexually Transmitted Diseases

Trainer Note: Participants may also select other topics not listed. Survey audience to see if they are currently working on a specific community project and have existing data.

Give small groups approximately 20 minutes to complete the worksheet. Ask persons in each group to fill out parts 1 & 2 keeping in mind the concepts/idea learned on how to deconstruct data and criteria used for evaluating data. A brief review of workshop items “III. Cutting the Data Question” and “IV. Criteria for Evaluating Data” may be necessary in guiding participants through the first two parts of the worksheet.

Once they have finished Parts 1 & 2, group members can start framing their counter argument. Have a 10-minute debriefing session in which a spokesperson from each group presents their message topic, argument and counter argument.

Argument –Counter Argument Worksheet

In presenting a policy proposal, you need to formulate your own argument, anticipate opposing arguments and counter those arguments using data. The following activity will help you organize their thoughts and data needs.

| PART 1- What is your message? | PART 2- What arguments should you expect from your critics? | PART 3- What data will you need to support your response to your critics? |
|----------------------------------|--|--|
| | | |

Source: University of California, Los Angeles, Health DATA (Data, Advocacy, Technical Assistance) Program.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is data?
2. What are some of the uses of data?
3. Describe the criteria for evaluating data
4. What is the difference between quantitative (numbers) and qualitative (words) data?

Reference:

This workshop was adapted from the University of California Los Angeles-Health DATA Program. Introduction to Health DATA Manual. (August 2003)

Additional Reference:

Access Project. Using Data: A Guide for Community Health Activists. Retrieved June 30, 2003 from <http://www.accessproject.org/publications.htm>

Solving Community Health Problems

WORKSHOP A:

Problem Solving Skills for Health Issues: Advocating for Public Health, Health Education, Outreach, Social Marketing

Workshop Description:

This workshop will provide an overview of common problem solving skills used for addressing health issues. Specifically, participants will learn about public health advocacy, health education, outreach, and social marketing.

Learning Objectives:

By the end of the workshop, participants will:

1. Learn basic public health advocacy skills and strategies.
2. Gain basic understanding of health education and outreach.
3. Learn about the main components of social marketing and how this strategy can be used to address health issues in the community.

Equipment, Materials, and Supplies Needed:

- Easel and flipchart
- Color markers
- Pencils
- Back to Sleep Campaign Handout
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE:

I. Advocating for Public Health

Group Discussion

A. What is Advocacy?

Advocacy refers to the actions one can take to promote a particular cause or proposal. Advocacy comes into play any time a group wants to take action and correct an unfair or harmful situation affecting the community.

B. What does advocacy do?

- Influences decision makers and stakeholders
- Influences public policy
- Mobilizes people
- Creates long-term solutions to problems

C. What is policy?

Policies Are Rules

- Policies can be set by organizations, political units or individuals that have policy-making authority and influence.
- Formal policies are written and are enduring.
- Informal policies may be set by groups or individuals, however they can be dependent on that persons or groups to enforce them and make them last. Informal policies are generally not written.

Types of Policies

D. There are two important types of policies

1. *Private policies:*
Rules set by decision makers within organizations or communities to address a local problem or concern, influence behavior or other issues.
2. *Public policies:*
These policies typically have a broader impact and affect a large number of people.
 - Federal laws-legislature
 - State laws-state legislature
 - County laws-boards of supervisors
 - Local laws-city councilsRegulations-regulatory agencies, public managers
 - Executive Orders-governor, CEO of a county or municipality
 - Court decisions-rulings guiding interpretation of laws
 - Management interpretation decisions-public officials make policies everyday based on how they carry out their mandates.

E. Types of Advocacy

Types of Advocacy

- *Personal:* advocating on behalf of you or your family (for example, asking for a raise at work)
- *Place-based:* advocating on behalf of the people who live in a certain place (for example, your neighborhood, city or even state)
- *Cause-based:* advocacy on behalf of a particular issue that may not affect you directly (for example: drug free community, smoke free parks)

Lobbying is also a form of advocacy. Lobbying involves any communication with lawmakers or the public with the intended purpose to influence a specific legislation/law. For instance, asking your constituents to support and vote for a specific legislative proposal is considered lobbying.

F. Tools for Advocacy

The following tools can be used to influence policy makers in correcting or changing harmful policies. Used in combination these tools can be extremely effective.

- Letter writing campaigns
- Action alerts indicating citizens to call their respective representatives.
- Phone or face-to-face meetings with decision makers
- Community organizing or coalition building
- Working together with other community organizations on a common cause
- Using the media (i.e. press conference)

- Writing a letter to your editor
- Flyers publicizing your issue
- Presentations
- Community Forums
- Rallies

G. Key ingredients that make for effective advocacy

- The rightness of the cause
- The power and number of advocates and supporters
- The thoroughness with which advocates researched the issue, the opposition, and the climate of opinion about the issue in the community
- Advocates' and citizens' skills in using available advocacy tools
- The selection of effective strategies and tactics

H. Who does Advocacy?

Anyone can do advocacy ranging from community residents to local and national non-profit organizations.

- Individuals and residents
- Groups of people who share common a purpose or those who work on behalf of a particular community (i.e. non profit organizations, neighborhood groups, groups with a wide membership)
- Large national organizations (i.e. National Organization of Women, Children's Defense Fund, National Council of La Raza)

I. Successful Advocacy Movements:

- The *Civil Rights Movement*, which involved a diverse group of citizens and organized groups, was successful at changing national policies and affording rights to all persons regardless of race.
- *United Farm Workers* advocacy efforts led to contract negotiations that improved working conditions, provided protective clothing against pesticide exposures for workers and banned harmful pesticides that strayed while workers were working in the fields.
- *Nutrition/Public Health Effort*: Public health advocates, nutrition professionals and parents were successful in getting soda machines removed from the Los Angeles Unified School District.

J. Developing an Advocacy Plan

The following is a checklist that may help in the planning of your advocacy campaign. Review the following checklist with participants.

- ☐ Define your problem.
- ☐ Determine who is affected and how they are affected.
- ☐ Determine those people or institutions that have the power to help you solve your problem.

WORKSHOP A:

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- ☐ Identify your goals.
- ☐ Identify who will be opposed to what you are trying to do and how you will address their criticisms. Prepare and solidify your counter-arguments.
- ☐ Come up with a plan of the different methods you will use to address the problem.
- ☐ For each method you will need goals, a list of people involved, needed resources, and a timeline.
- ☐ Come up with a list of fundraising activities to pay for needed resources.
- ☐ Review and adjust your plan to make sure it is working.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is advocacy? What does advocacy do?
2. Name the various advocacy tools community residents can use.
3. What is policy?
4. What should individuals keep in mind in developing an advocacy plan?

Reference:

Community Health Councils, Inc. www.chc-inc.org

II. Health Education

Group Discussion

A. What is health education?

- Health education is a social science that draws from environmental, medical and other sciences in order to:
 - ✓ promote health;
 - ✓ prevent disease, disability and premature death; and
 - ✓ promote healthy behavior through education-driven voluntary behavior change activities.
- Health education is the development of individual, group, institutional, community strategies to improve health knowledge, attitudes, skills and behavior.
- The purpose of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health.
- Health education includes not only instructional activities but also organizational efforts, policy efforts, economic supports, environmental activities, and community level programs.

B. Key factors that are integral to health education

Public health problems need to be approached and addressed at multiple levels. The following is an ecological perspective to public health and health education. An ecological perspective looks at the personal and environmental factors that influence health.

Health education programs are more likely to be successful when they are planned and carried out keeping in mind the following levels:

- *Intrapersonal factors:* characteristics of the individual, such as knowledge, attitudes, behavior, self-concept, and skills.
- *Interpersonal processes and primary groups:* formal and informal social networks and social support systems, including family, work group, and friendship networks.
- *Institutional factors:* rules, regulations, policies and informal structures set by institutions, which may limit or promote healthy behaviors.
- *Community factors:* relationships among organizations, institutions, and informal social networks among individuals and groups.
- *Public policy:* local, state, national laws and policies

C. Why is health education important?

- Health education improves the health status of individuals, families, communities, states, and the nation.
- Health education enhances the quality of life for all people.
- Health education reduces premature deaths.
- By focusing on prevention, health education may provide some savings. Health education reduces the costs (both financial and human) that individuals, employers, families, insurance companies, and the nation would spend on medical treatment.

D. Who provides health education?

- Individuals who study and specialize in health education (trained and/or certified health education specialists).
- Individuals who work in the public health profession and perform selected health education functions as part of their responsibilities (nursing, social work, physical therapy, oral hygiene, etc.).
- Individuals from the community who go through some training or learn on the job to do specific *limited* health education activities to encourage healthy behavior (community health workers, lay health workers, etc.). These individuals play a critical role in making connections and developing relationships with community residents.

E. Where are health educators employed?

- In **schools**, health educators teach health as a subject and promote and implement School Health Programs, including health services, student, staff and parent health education, and promote healthy school environments and school-community partnerships.
- Working on a **college/university campus**, health educators are part of a team working to create an environment in which students feel empowered to make healthy choices and create a caring community. They identify needs; advocate and do community organizing; teach whole courses or individual classes on health topics; develop mass media campaigns; and train peer educators and counselors. In addition, they address issues related to:
 - ✓ disease prevention;
 - ✓ consumer, environmental, emotional, sexual health;
 - ✓ first aid, safety and disaster preparedness;
 - ✓ substance abuse prevention;
 - ✓ human growth and development; and
 - ✓ nutrition and eating issues.

- In **companies**, health educators perform or coordinate employee counseling as well as education services, employee health risk appraisals, and health screenings. They also design and promote programs regarding:
 - ✓ weight control
 - ✓ hypertension
 - ✓ nutrition
 - ✓ substance abuse prevention
 - ✓ physical fitness
 - ✓ stress management
 - ✓ smoking cessation, etc.
- In **health care settings**, health educators educate patients about medical procedures, services and doctor prescribed instructions, create activities and incentives to encourage high-risk patients to use their services. In addition, they also perform the following duties:
 - ✓ conduct staff trainings and consult with other health care providers to
 - ✓ determine what are the barriers preventing people from accessing health
 - ✓ services (such as behavioral, cultural or social barriers);
 - ✓ promote self-care;
 - ✓ develop activities to improve patient participation on clinical processes (attend their appointments and follow their prescribed treatments);
 - ✓ educate individuals to protect, promote or maintain their health and
 - ✓ reduce behaviors that may put their health at risk; and
 - ✓ make appropriate community-based referrals.
- In **community organizations** and **government agencies**, health educators help a community identify its needs, draw upon its problem-solving abilities and mobilize its resources to develop, promote, implement and evaluate strategies to improve its own health status. Health educators are also responsible for doing the following:
 - ✓ promoting healthy lifestyle choices;
 - ✓ educating residents about how to prevent and better manage disease and its causes;
 - ✓ linking residents to other organizations or services;
 - ✓ overseeing community organizing and outreach;
 - ✓ building coalitions;
 - ✓ developing advocacy strategies;
 - ✓ developing and producing mass media health campaigns;
 - ✓ developing educational brochures and flyers, etc.

F. What does a trained health educator do?

Depending on their training and responsibilities health educators may be responsible for a number of activities, including:

- Assessing individual and community needs
- Planning, coordinating, and implementing health education programs

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- Managing health education programs & personnel
- Evaluating health education programs
- Writing grants
- Building coalitions
- Identifying resources
- Making referrals
- Developing social marketing and mass media campaigns
- Organizing/ mobilizing communities for action
- Handling controversial health issues
- Advocating for health related issues
- Encouraging healthy behavior
- Using a variety of education/training methods
- Developing audio, visual, print and electronic materials
- Conducting research
- Writing scholarly articles

G. How can community members be effective health educators?

- Be compassionate.
- Express yourself clearly.
- Use active listening and ask open-ended questions
- Understand non-verbal communication
- Create win-win solutions
- Communicate across cultures
- Know the ABC's of communication: (assertive, be ready, clear communication)

Quick Interactive Exercise: What is compassion?

Read the following scenario to the class and ask the participants which statement is correct, based on the characteristics of a health educator. This group exercise will help reinforce some of the concepts participants have already learned.

Scenario: At the front desk of the community center, your co-worker Diana says loudly to her friend, another community worker: "Here comes Angela Moreno. Can you believe it? She's pregnant again!" You say:

1. Diana, when you're rude and insult the community residents in public, it's very upsetting.
2. Diana, when you make negative comments about a patient, especially in a tone of voice that the patient and other people can hear, it creates problems.

Health educators are compassionate

They put themselves in the other person's shoes
Control their response to a situation
Listen and do not pass judgment
Look at the situation in a different way and try to relate to the individual

Group Exercise 1

H. What are some ways to help you express yourself clearly?

- Making observations, not judgments
- Using feeling statements
- Making suggestions not demands
- Saying what you want

Group Exercise 2

Quick Interactive Exercise: *Expressing Yourself Clearly*

Read the following sentences. Which sentence expresses a “positive action”?

- I want you to listen to me.
- I want you to tell me what happened today.
- Why did you not let him speak?
- I would like you to be honest with me.
- Do I talk too much?
- I wish you would respect my authority on this matter.
- You don’t speak that much in the staff meetings
- I would like you to bring the client files to the next meeting

I. What is paraphrasing or active listening?

- It means saying back in your own words the important things that the other person said.
- The idea is to reflect back what the other person observes, feels and wants.

J. When is it a good idea to paraphrase?

- When the person asks something like: “Do you follow me?” or “Do you know what I mean?”
- When you aren’t sure if you are reading the person right. This gives you a chance to see if you understood the person’s message.
- When you can feel yourself or the other person getting defensive. Paraphrasing will diffuse the situation and slow things down.
- When you think that the other person is feeling shaky or sensitive and you think that they might need to know you are listening.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is health education?
2. Who does health education?
3. Name the skills a health educator must have

References:

Glanz et al. Health Behavior and Health Education: Theory Research and Practice. 1990. Jossey-Bass Inc. Publishers. San Francisco, CA.

National Institutes of Health, National Cancer Institute. Theory At A Glance: A Guide to Health Promotion Practice. Retrieved July 2, 2003 from:
http://oc.nci.nih.gov/services/Theory_at_glance/HOME.html

Health Education Resources

Contact a local university or one of the member organizations of the Coalition of National Health Education Organizations to learn more about health education.

American Association for Health Education

1900 Association Drive, Reston, VA 20191
800-213-7193
<http://www.aahperd.org/aahe>

American College Health Association

PO Box 28937
Baltimore, MD 21240
410-859-1500
<http://www.acha.org>

American School Health Association

7263 State Route 43
PO Box 708
Kent, OH 44240
330-678-1601
<http://www.ashaweb.org>

Association of State and Territorial Directors of Health Promotion and Public Health Education

750 First Street, NE, Suite 1050
Washington, DC 20002
202-289-6636
<http://www.astdhpphe.org/>

Eta Sigma Gamma

The National Professional Health Education Honorary
2000 University Drive
Muncie, IN
<http://www.bsu.edu/web/esg/>

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**Public Health Education and Health Promotion Section
School Health Education and Services Section
American Public Health Association**

800 "I" Street, NW
Washington, DC 20002
202-777-APHA (2742)
<http://www.apha.org>

Society for Public Health Education

750 First Street, NE, Suite 910
Washington, DC 20002
202-408-9804
<http://www.sophe.org>

Society of State Directors of Health, Physical Education, and Recreation

1900 Association Drive
Reston, VA 20191-1599
703-476-3402

Group Discussion

III. Outreach

A. What is outreach?

Outreach involves reaching out and sharing important messages to a wide group of people. For example, an outreach activity may involve reaching out to raise awareness about a particular health issue and/or promote healthy behaviors.

Outreach has been successfully used to increase the use and access to services and accomplish the following:

- Deliver health services or products (i.e. breast cancer screenings)
- Educate or inform a community or targeted group, increasing their knowledge and/or skills (i.e. teenage pregnancy prevention and negotiation/refusal skills)
- Educate or inform people who interact with the targeted group (parents, teachers, health providers, etc.)
- Establish relationships between individuals and/or organization in the community where your target population is located.

B. When is outreach needed?

Outreach to varying degrees is needed for virtually every program. There may always be certain pockets in your community that may need your services yet unaware your services exist.

However, before you begin your outreach activities you will need to know whom you are trying to reach in order to know how to reach them. You can gather information about your target group and their environments through various ways, including research studies/reports, interviews with key leaders, surveys, and focus groups (see *Section I Workshop C: Using Health DATA and Section II, Workshop B: Conducting Surveys and Evaluations*).

The information you gather will help you determine the direction of your outreach work. Keep in mind that in order for any program to accomplish its purpose, your target audience must:

- know that your particular health program or service exists
- be willing to use your program
- be able to access your program

If you determine that one or more of those components mentioned above are missing, outreach would be a great tool to bridge that gap.

- Outreach could increase community awareness among potential users or those in the community who will refer users to you (such as nurses or social workers)
- Outreach could expand people's willingness to use your services or program
- Outreach could increase access for users (enhance a person's ability to use your services or program)

C. Outreach Strategies:

The word “outreach” may describe a wide range of activities. The following are some strategies that may help raise public awareness and increase health utilization.

- Flyers posted in local areas where your target population is known to frequent, such as schools, grocery stores, local community centers, laundry mats, etc.
- Public awareness campaign strategies that may include radio and television spots, billboards, newspaper advertisements, bus signs, grocery bags and fast food placements
- Education activities at local events (including health fairs, cultural events, etc.)
- Building community partnerships that can assist in raising awareness (partnerships with community leaders, churches, hospitals, community clinics, schools, housing authorities, local media, etc.)
- Conducting outreach trainings to county health departments, community health centers, child care providers, social workers, school nurses, etc.
- Distributing educational brochures to the public
- Mailing inserts in gas, electric and water bills

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is outreach?
2. When is outreach need?
3. Describe 3 outreach strategies.

Reference:

Community Toolbox. Using Outreach to Increase Access. Retrieved July 2, 2003 from: http://ctb.ku.edu/tools/en/sub_section_main1876.htm

On-line Outreach Resources

Centers for Medicare & Medicaid Services

SCHIP Effective Outreach Strategies

<http://cms.hhs.gov/schip/outreach/examples.asp>

Outreach strategies used to reach uninsured children.

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Partnership for the Public's Health

Community –Based Public Health Policy and Practice

http://www.partershipph.org/col4/policy/policy_main.html

Publication provides additional information on health education planning, outreach and evaluation.

Community Toolbox

<http://ctb.ku.edu/>

This online resource provides skill-building information on various topics, including outreach, community building and strategic planning.

IV. Social Marketing

Group Discussion

A. What is social marketing?

Social marketing is the application of commercial marketing techniques designed to influence the behavior of target audiences in order to improve their personal welfare and address social problems. It uses the same commercial marketing techniques to sell goods—such as shoes, dresses or hamburgers—to convince people to change their behavior.

B. Commercial vs. Social Marketing

- Commercial marketing tries to change people's behavior for the benefit of the marketer. In other words, the focus of commercial marketing is to try to steer behavior in a certain direction—convincing consumers that a certain brand of soap is better and therefore must purchase it.
- Social marketing tries to change people's behavior for the benefit of the individual, or of society as a whole. For example, the use of marketing techniques to try to influence people's ideas and behavior to make them stop and give up smoking.

C. Social Marketing Principles

- Its focus is on behavior.
- Helps create greater and longer-lasting behavior change.
- It involves the community and works with community partners in developing messages and campaign strategies.
- It starts by understanding its customers (target audience).
- This approach helps customize the messages to those targeted audiences you have identified.
- It avoids mass marketing. Messages are specific and targeted to your audience.
- Its message strategies are focused on consequences, both positive and negative.
- Attempts to address health and social problems.

D. Important Steps for Implementing a Social Marketing Campaign

1. *Identify behaviors you want to change* (for example, reduce smoking among adolescents)
2. *Identify your audience.* Determine whose behavior you want to change.
3. *Identify and reduce barriers.* Through interviews, surveys, focus groups and other data collection techniques you will want to find out what is preventing or making it difficult for people to make these changes.
4. *Pretest your ideas.* You may want to test your campaign on a small group of your targeted audience, and make any changes according to the pretest results.

Key Social Marketing Concepts

5. *Publicize actions and benefits of change.* Publicize your efforts—let people know that what you are trying to do is to help them. Also be clear on what are the benefits in changing their behavior. People need to understand the benefits before they make a behavior change.
6. *Assess your results.* Measure your results to find out if your campaign was effective and whether it created the change you wanted. It may also help you identify the weak points in your campaign and help you in structuring future campaigns.

E. The “4 Ps” of Marketing

Commercial marketing has traditionally been based and driven by the following factors: product, price, place and promotion. The product is what is being sold, the price is what consumers pay, the place is where the product is sold, and promotion is what you do to attract the customer. However, the factors are different for social marketing.

Basic Marketing Principles

1. *Product:* For social marketing the product is a certain behavior you are trying to change (i.e. preventing smoking, ending child abuse and neglect)
2. *Price:* In social marketing, price isn't just a question of dollars and cents, it may be a question of time or how much of an effort a behavior change will take.
3. *Place:* Social marketing efforts make it easier to change behavior by making sure the necessary supports are available and easily accessible to the most people. The less people need to go out of their way to make a change, the more likely they will make it.
4. *Promotion:* This is advertising that is done in order to make people aware. It is how you choose to communicate with your audience. For example: television commercials, radio spots, billboards, etc.

F. Stages of change

The following are the stages of a successful social marketing campaign.

1. *Create awareness and interest.* The developed message must peak the interest of your intended audience and get their attention. They must also understand the message you are trying to convey.
2. *Change attitudes and conditions.* Your audience has to develop a positive attitude about the behavior in question.
3. *Motivate people to want to change their behavior.* Individuals must form an intention to change. In other words, they must plan to make the behavior change. (It is simply not enough to raise their awareness.)
4. *Empower people to act.* The targeted individuals have to act or turn their “intention to change” into action.
5. *Prevent backsliding.* Often, individuals' actions must be followed by reinforcement, by rewarding them with some benefit, so that the desired action will be repeated.

Common Message Outlets

G. How to reach your target audience?

You can deliver your messages through the following channels:

- Advertisement (radio public service announcements, television spots, newspapers ads, billboards, bus signs, etc.)
- Use information channels such as radio, television and newspaper (press releases, news conferences, articles, etc.)
- Websites
- Spokespersons audiences can relate to

H. How do you develop effective messages?

1. Set up measurable objectives for your strategy. What do you hope to accomplish and how will this be measured?
2. Develop messages that come from your target audience.
3. Select appropriate channels (television, billboards, news conferences, etc.)
4. Develop different messages for the different groups you are targeting (drug prevention messages to adolescents and to parents).
5. Pretest every message. Test your developed message on a small group to get the group's reaction and see whether the message is clear.
6. Evaluate outcomes using your original criteria. Did you reach what you set out to do or change?
7. Start the whole process over again. This whole process can help to uncover problems, reveal weaknesses and identify opportunities for improving a social marketing campaign and its message(s).

I. Supporting and Maintaining Behavior Changes

Barriers to taking action and changing behavior.

You may encounter the following barriers in trying to help people change their habits and behaviors. Knowing about these different barriers may help you in planning and strategizing ideas that may facilitate action and change.

- People may perceive the change as too complex.
- People may perceive the change to be too hard to be able to accomplish on their own.
- People may will willing, but may think the change takes too much time.
- People may not think the change is important enough to engage in it.
- People may often forget to perform the action that the change requires

WORKSHOP A:

Problem Solving Skills for Health Issues: Advocating for Public Health, Health Education, Outreach, Social Marketing

How do you address barriers to action and support behavior change?

- Develop a message that tries to address the issues that make a change impossible.
- Provide simple alternatives or instructions that make the task less difficult. (Weight Control: set small goals, reward weight loss with something other than food)
- Create messages that simplify a complex task as much as possible.
- Provide support so people can accomplish a change.
- Try to cut down the time of a change.
- Try to change the population's perceptions about a change.
- Institutionalize reminders.

WORKSHOP A:

Problem Solving Skills for Health Issues: Advocating for Public Health, Health Education, Outreach, Social Marketing

Group Activity

Case Study: *Back to Sleep Campaign (30 minutes)*
Sudden Infant Death Syndrome (SIDS) Public Education and Awareness Campaign in Canada

Trainer Note: A case study is an interactive teaching method using “real life” scenarios that focus on a specific topic or problem. Case studies are used to encourage the development of problem solving skills. They also actively involve participants in a discussion where they are able to identify and relate training concepts.

Activity Learning Objective

The following activity will enable participants to:

- Identify the different components of a social marketing campaign.

Materials

- Back to Sleep Campaign Handout
- Pencils

Directions

Divide participants into smaller groups of 3 to 4 people and provide them a copy of the Back to Sleep Campaign Handout. Give groups approximately 20 minutes to review the case study and answer the case study questions. Have a 10-minute debriefing session in which a spokesperson from one group presents their answers. Ask the larger group for any additional thoughts and additional. Use the flip chart to write down all comments.

“Back to Sleep Campaign” Case Study Sudden Infant Death Syndrome (SIDS) Public Education and Awareness Campaign in Canada

Background:

Sudden Infant Death Syndrome (SIDS) refers to the sudden and unexpected death of an apparently healthy infant that remains unexplained even after a full investigation. In Canada, SIDS is the leading cause of death for infants over four weeks old, accounting for about one infant death out of every 1,400 live births. SIDS continues to be a significant public health concern.

In 1998, new research indicated that to reduce the risk of SIDS an infant should be placed to sleep on his or her back. These findings updated existing information that suggested that the back or side sleeping position were the safest.

To educate families about this new finding, Health Canada's existing social marketing strategy was re-worked and re-launched. This new updated campaign was named “Back to Sleep”. The campaign had a corporate partner in order to have a broader impact.

Overall Objective:

To reduce the risk of SIDS by 10% in Canada over five-years, starting from 2000 to 2004.

Marketing Objectives:

The following were the objectives for the “Back to Sleep” campaign:

- Increase awareness/knowledge of the risks of SIDS in Canada over a five-year period.
- Increase awareness/knowledge of the things that parents can do to reduce the risk of SIDS (over five-year period).
- Reduce the risk of SIDS by 10% in Canada over a five-year period.

Getting Informed (Data & Information Collection):

Past research has shown that parents and other caregivers have a strong propensity to adopt behaviors that are in the best interests of their infants. This information was used to determine the primary target audience for *Back to Sleep* (parents and other caregivers), as well as to develop the campaign strategy (mass media-based, awareness raising.)

In 2000, before the campaign started, Health Canada had already conducted an awareness and attitude survey of 600 respondents. Based on that survey, it established benchmarks from which to evaluate the impact of the *Back to Sleep* campaign. The survey also helped create samples of what the campaign would look like.

The campaign samples were shown to focus groups, which included parents in three cities, for testing. The focus group participants provided input and suggestions on how to change and improve the campaign messages.

Delivering the Program:

An awareness-raising social marketing strategy was selected because there were few barriers to behavior change. Also the motivation to participate was high given that the negative consequence (i.e. risk of baby's death).

Main Target Audience: The campaign, called "Back to Sleep", was targeted primarily at mothers, pregnant women or new mothers, partners/spouses, grandparents, and other caregivers.

Second Target Audience: Certain campaign components also reached outside the home to target another audience - people providing infant health care and infant health care information (i.e. public health units, hospitals, physicians, and pre- and post-natal educators).

Each media component was developed by Health Canada in conjunction with three non-profit partners:

1. The Canadian Foundation for the Study of Infant Deaths (CFSID),
2. The Canadian Institute for Child Health (CICH), and
3. The Canadian Pediatric Society (CPS).

The Canadian Pediatric Society is a national advocacy group, which helped to add credibility to the campaign's communications. All of the materials provided clear, consistent messages about reducing the risk of SIDS, and stressed the four precautions associated with SIDS:

- Back sleeping position
- Avoid second-hand smoke
- Avoid over-bundling the baby
- Breastfeeding can help protect against SIDS.

The campaign also involved the use of the following communication channels and media strategies.

Summary of Media Strategies Used:

1. Joint Statement - *Reducing the Risk of Sudden Infant Death Syndrome in Canada*

Four partners, with the input from key stakeholders, developed a national statement on reducing the risk of SIDS, in both English and French.

The objective of this statement was to provide health professionals with clear, consistent messages on this important issue.

2. “Back to Sleep” Poster

The poster was included in selected Canadian parenting magazines that were shipped directly to healthcare professionals, and to pre- and post-birth newsletters targeted at health professionals. The posters were also displayed in the bathrooms at all McDonald’s restaurants in the city of Quebec.

3. “Back to Sleep” Promotional ad

The one-page ad was included in different magazines, including the magazine *Today’s Parents and Expecting*. The magazines in which the ad appeared, were selected based on their reach and fit (the majority were given out free at doctor’s offices/ public health units, reaching lower socio-economic groups of the population.)

4. “Back to Sleep” Television Public Service Announcement (PSA)

A 30 second PSA, describing the four precautions parents can take, was sent out to television broadcasters across Canada. This was essential in targeting at risk parents with lower literacy levels, who might have had trouble reading print materials.

5. Partnership with Procter and Gamble (Pampers)

Procter & Gamble’s Pampers division included the key “Back to Sleep” message on their two smallest sized diapers in English, French, and Spanish. They also created a promotional door hanger, distributed the educational pamphlet to new mothers through the majority of hospitals in Canada, and promoted SIDS awareness through their own advertising campaigns.

Measuring Achievements:

A campaign tracking survey was conducted in the spring of 2001, to test awareness and attitude shifts and to see whether there were any necessary modifications to the campaign.

Results:

- An increase in awareness from 44% (in 1999) to 66% (in 2001) that the proper position to place a baby during sleep is on his/her back.
- An increase in the number of professionals (from 21% to 67%) who advised putting the child to sleep on his/her back.
- Among caregivers or parents that have taken action to reduce the risk of SIDS, 69% said that they lay their babies on their backs to sleep, up from 41% in 1999.

Case Study Questions

1. What behavior is the *Back to Sleep* campaign trying to change?
2. What is the main *Back to Sleep* message?
3. Who were the target audience(s)?
4. What modifications or accommodations were made to the campaign to appeal to the target audience?

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5. How did this campaign motivate people to take action and change their behavior?
6. What is the product of this campaign?
7. How were the messages communicated? Identify the communication channels used.
8. Was there an evaluation? What was the purpose of the evaluation?

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. Describe the basic concepts of social marketing.
2. Describe the difference between commercial marketing and social marketing.
3. What are the 4 P's of social marketing?
4. What are some media channels used in social marketing campaigns?

References:

Community Toolbox. Understanding Social Marketing: Encouraging Adoption and Use of Valued Products and Practices. Retrieved July 3, 2003 from:
http://ctb.ku.edu/tools/en/sub_section_main_1321.htm

Social Marketing Network of Canada. Retrieved July 3, 2003 from:
<http://www.hc-sc.gc.ca/hppb/socialmarketing/>

Social Marketing On-line Resources:

Social Marketing Institute
<http://www.social-marketing.org/>

Provides background information, case studies and papers on social marketing.

Novartis Foundation for Sustainable Development
http://foundation.novartis.com/social_marketing.htm
Provides a short course on social marketing.

Ontario Ministry of Agriculture and Food
Social Marketing for Organizations
<http://www.gov.on.ca/OMAFRA/english/rural/facts/92-097.htm>
Provides a background and overview of social marketing.

Workshop Description:

This workshop will provide an overview on important survey design principles and techniques, how to collect health data and conduct program evaluations through surveys.

Learning Objectives:

By the end of the workshop, participants will:

1. Be able to describe a survey.
2. Recognize elements of a well-designed survey.
3. Understand the role of surveys in program evaluation and in identifying health issues in the community.
4. Learn how to conduct basic surveys in the community.

Equipment, Materials, and Supplies Needed

- Easel and flipchart
- Color markers
- Masking Tape
- Pencils
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE

Group Discussion

I. What is a survey?

A survey is an instrument containing questions that is used to collect information about people including their knowledge, opinions, behaviors and socio-demographic information (age, sex, income, etc).

II. Types of surveys:

A. Self-administered (i.e. mailed, drop & collect, one-on-one supervised)

- **Advantages:** Inexpensive, does not require skilled interviewers, does not require as many interviewers, can reach a lot of people at the same time (larger sample size), can reach large geographic or ethnically diverse area, can be anonymous, allows respondent to complete survey at own pace, may be easier to ask questions about sensitive topics.
- **Disadvantages:** Lower response rate, no control over completeness, cannot clarify misunderstandings, survey cannot be complicated (i.e. no hard to do skip patterns), respondents must be literate, need a list of respondents including current mailing addresses.

B. Interviewer Administered (i.e. in-person, telephone)

- **Advantages:** Higher response rate, often a more representative sample, survey can be more complicated, reading level of the respondent is not an issue since interviewer can read questions to respondents, can clarify misunderstood questions and check inconsistencies, usually get better responses to “open-ended questions,” interviewers can probe, make observations about the respondent when conducting in-person survey, data can be entered simultaneously with phone interviews.
- **Disadvantages:** Expensive, need more interviewers, need skilled interviewers, concerns about interviewer safety if surveys are conducted in the “field”, potential for interviewers to ask questions in a way to get the response they would like (bias), potential for respondents to answer in ways in which they think the interviewer would like (social desirability/reactivity), more telephone hang-ups, not all people have telephones (telephone surveys).

C. Audio-Computer-Assisted Self Interviewing (Audio-CASI)

This newer technology allows for a type of face-to-face interview in which the person being interviewed is an active participant. Using a set of headphones, the respondent listens to a digitally recorded voice that reads the questions aloud as they appear on the computer screen, and then the respondent enters his/her own responses into the computer. After a response is entered, the computer selects the next questions that will be asked depending on what the person answered (programmed to follow skip patterns).

- **Advantages:** Less staff time, increased privacy, no need for data entry, audio helps to deal with reading-level issues, easier to respond to sensitive topics (i.e.sex, drugs), this program allows you to have complicated skip patterns, can check for consistencies, can have multiple languages and interview a diverse group.
- **Disadvantages:** More difficult to clarify if there are questions, don’t have a hard copy if there are computer problems, people can respond without really reading questions (“blow-off” effect), some people are intimidated by computers.

III. Types of questions on a survey:

- Questions about demographic background (e.g. gender, education, occupational status, age, marital status, ethnic/racial identification, etc.)
- Questions about knowledge, attitudes, and behaviors

IV. Designing a Good Survey:

Designing a good survey can be difficult and require skill and careful thought. Before designing a survey it is important to define the problem and identify exactly what

information you are trying to get from the survey. This will help you develop your questions or eliminate questions that are not necessary or crucial to what you are trying to investigate. Unstructured and long surveys have a lower response rate.

Once you have developed a survey, pretesting it with a small group of your intended audience or partners may be a good idea. The pretest may help reveal a number of things, such as unclear questions, lack of or insufficient directions, inappropriate questions, etc. Remember that there is no such thing as a perfect survey. But keeping the following in mind may help you avoid some pitfalls.

Trainer Note: It may be helpful for participants to see the written examples listed below. If not using the overhead slides, you may want to consider writing the following examples on an easel flipchart.

- Use words that respondents can understand.
- Ask about topics your respondents should know enough about to answer the questions.
- A survey should be visually attractive, clearly printed and well organized. For example, make sure the print is not too small or use complicated font types.
- Organize questions by topic. Use transitional phrases where appropriate.
Example:
“Now that we’ve discussed the services you’ve used at our clinic, I’d like to ask you some questions about how we can improve these services.”
- Use clear and appropriate scales. It may be more appropriate to use a 3-point scale for interviewer or telephone-administered surveys.
Example 1: **The amount of homework for this class was:**

1) Too little 2) Reasonable 3) Too much

Longer scales can be confusing unless they are clearly written down for the person completing the survey.

Example 2: **Second hand smoking is dangerous to non-smokers**

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|----------------|-------|----------------------------|----------|-------------------|
| ✓ | | | | |

- Avoid double-barreled questions. A double-barreled question is a question that has two questions in one. This may be confusing for the person filling out the survey and for the person analyzing the survey responses.

Example:

How old were you when you were married and began having children?

Trainer Note: *There may be two separate responses to this question. The age when the person got married. The age when the person began having children.*

- Avoid leading or loaded questions. In other words questions that seem to guide the person filling out the survey to respond in a certain way.

Example:

Should the legal driving age be raised to 18 in order to reduce the number of teenagers killed on the highways each year?

Trainer Note: *As written this question may influences people to answer yes. However, is their response an accurate reflection of how people really feel or what the person who designed this survey wants to hear.*

- Pay careful attention when writing questions with “Skip Patterns”. Skip patterns are directions that guide respondents where to go next based on the questions they answer.

Example:

Are you married? (If yes, go to question: How long have you been married? If no, go to the next question in the next section that follows.)

Trainer Note: *These directions may be unclear and confuse the person filling out the survey. It may also distort the sequence of question and the analysis.*

- When possible, use short and specific questions. Avoid vague questions.

Example:

How many times did you go to the health department last year?

Trainer Note: *What is the purpose of this question and for whom are we trying to get information. Is this question looking at what services a person received? Is it trying to get information about the person filling out the survey or his/her children, spouse or other family member? Be as specific as possible.*

- Use closed-ended questions as much as possible in order to make data entry and analysis easier. In these question respondents select only one answer.

Example:

How many people do you know participate in sports or physical activities at least three times a week?

- ☐ a) None of the people I know
- ☐ b) A few of the people I know
- ☐ c) Some of the people I know
- ☐ d) Many of the people I know
- ☐ e) Most of the people I know
- ☐ f) All of the people I know

- Use open-ended questions when it would be difficult to develop responses that capture all possible answers. Or when a question is of a sensitive nature. Generally open-ended questions are ideal for small-scale surveys (approximately 50 surveys).

Example 1:

What are your top three health concerns?

Trainer Note: *This open-ended question may provide valuable and candid information about what is going on in a particular community.*

Example 2:

How many sex partners have you had in the past 12 months?

Trainer Note: *Given the sensitive nature of the question an open-ended question would be the most appropriate.*

V. Basics of Conducting an In-Person Survey:

- Interviewers should be familiar with the survey; know the purpose of each question; practice conducting the survey.
- Follow the survey exactly and record responses exactly.
- Ask more in-depth questions (probe) when necessary and appropriate.
- Check for completeness of the survey. Did the person answer all the questions?
- Interviewers should dress and behave appropriately.
- Follow safety guidelines (guidelines for conducting street surveys are included at the end of this section).

Group Activity

VI. Group Activity 1: “Designing A Survey” (30 minutes)

Activity Learning Objective

The following activity will enable participants to:

- Identify the different survey design methods and draft survey questions using the survey design guidelines.

Materials

- Flipchart paper
- Markers
- Masking Tape

Directions

Ask participants to get into groups of 3 or 4 and write three close-ended survey questions for a self-administered survey pertaining to smoking. Provide participants with a flipchart paper in which to write their questions. Give participants 15-20 minutes to prepare their questions. The participants will present their questions to the larger group and the group will provide feedback to make sure they took all precautions in drafting their survey questions.

VII. Using Surveys to Conduct “Simple” Evaluation

Surveys have multiple uses. For instance, surveys can be used to collect data for research studies, for evaluating programs or assessing the needs of a group of people or community.

A. Program Evaluations

Traditional program evaluations have typically been done by professional evaluators, consultants or program managers to learn more about the needs of the community, make improvements based on the findings they have uncovered, and measure the effectiveness of a community health program.

B. “Participatory Evaluation” Approach

Participatory evaluation is a partnership approach to evaluation in which invested community members, stakeholders and program staff are actively involved in developing the evaluation methods and also involved in all phases of the program implementation.

This type of evaluation is particularly helpful in being able to do the following:

- Find out how effective a program is at accomplishing its goals.
- Collect information that can be used to improve a program.

- Build community capacity and skills by involving community residents, project staff and other stakeholders in the design of the evaluation.
- Use data findings to prove to funders that their money is being used well.
- Use data findings to get more funding especially if it shows that a program was successful and effective.
- Provide information for long-term program planning as well as day-to-day program planning. Keep participants aware of the positive impact their program has had on their community.

Finally, this alternative approach creates an opportunity for the community to engage in a particular type of evaluation that attempts to address and answer community health problems.

Community partners commit to working together to decide the direction and focus of the evaluation, negotiate any differences among themselves and in the process acquire leadership and skill building skills. Through this process community partners learn to work together to take action and improve programs to address community health issues.

VII. Basic steps in developing and conducting a Participatory Evaluation

✓ Participatory Evaluation Checklist

Checklist:

- ☐ Decide if a participatory evaluation approach is appropriate. Is there a strong commitment and interest from the community?
- ☐ As a group, decide what should be evaluated (i.e. which program or program component)
- ☐ Identify who will be involved. Determine who will participate and what role they will play.
- ☐ Develop an "Evaluation Plan": identify your desired outcomes (what you are trying to accomplish), agree on ways to collect the information (surveys, community interviews, etc), create a plan for collecting data, analyze data, and create an action plan to make needed changes.
- ☐ Determine who will be responsible in gathering and analyzing data. The collective group will all play a part in analyzing data. Facilitators can work with participants to reach consensus on findings, conclusions and recommendations.
- ☐ Compile Findings.
- ☐ Create an Action Plan (determine next steps)
- ☐ Conduct ongoing evaluation activities to make necessary changes and improve programs (e.g. surveys, focus groups, etc.)

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. Describe the various types of survey designs.
2. What are some of the advantages and disadvantages to the surveys (self-administered, interviewer-administered, and audio-CASI)
3. Describe the differences between traditional program evaluation and participatory evaluation (what is the purpose of each, who is involved)

Reference:

California State University Long Beach, Community Health and Social Epidemiology Programs.

Partnership for the Public's Health. Community-Based Public Health Policy & Practice, Issue #5, April 2002. <http://www.partnershipph.org/col4/policy/apr02.pdf>

Survey On-line Resources:

Cornell University

<http://trochim.human.cornell.edu/kb/survey.htm>

Instructive site on survey research, including an overview of types of surveys, constructing a survey, and types of questions.

Creative Research Systems

The Survey System

<http://www.surveysystem.com/sdesign.htm>

Provides a tutorial on how to design different surveys, sample questions and other general tips in research design.

Research Methods Resources on the WWW

Questionnaires

http://www.slais.ubc.ca/resources/research_methods/question.htm

Provides links to different survey design websites.

University of Leeds-Information Systems Services

Guide to the Design of Questionnaires

<http://www.leeds.ac.uk/iss/documentation/top/top2.pdf>

This guide provides a general introduction to the design of questionnaires, including defining research question, survey implementation and analysis.

Evaluation On-line Resources:

Community Toolbox

Evaluating Community Programs and Initiatives (Chapters 36-39)

http://ctb.ku.edu/tools/en/part_J.htm

Provides information on developing an evaluation plan, methods for evaluation, and how to use evaluation results.

United Nations Development Programme

Participatory Evaluation Handbook

<http://www.undp.org/eo/documents/who/htm>

Provides a detailed overview of the participatory evaluation process.

Safety Guidelines for Conducting Surveys

Personal Appearance: Dress Down

1. Do not carry a purse or a large amount of money while in the field. Jewelry should be limited to small costume jewelry.
2. Wear shoes appropriate for walking and running. No high heeled shoes.
3. Dress appropriately. Do not dress to impress. Wear neutral clothing that does not attract undue attention. Do not wear clothing that will be considered seductive or revealing.
4. Identify yourself, and tell people what you are doing and why.

Getting along: Be professional

5. Develop a friendly, professional relationship with people you come into contact with. While conducting outreach, do not interact with them socially, romantically, or sexually. No flirting!
6. Do not offer rides to individuals other than clients or interview participants.
7. Do not do “special favors” for individuals. Maintain professional boundaries.
8. Do not hug participants you are conducting surveys to. Some participants may misunderstand your gestures.
9. Be aware of potential health risks from touching clients (e.g. scabies). Wash hands frequently, and use hand-wipes.
10. Do not buy goods or accept gifts, food or merchandise from participants or others you meet while conducting outreach. Do not give or lend money (or anything else) to any individuals, clients, participants—it suggests favoritism to observers, and it causes problems between staff members.
11. Behave respectfully towards clients, and win their trust and confidence. Avoid communication, through words or posture, which may convey arrogance or a judgmental attitude.
12. Do not counsel participants. Stay focused on the goals of the program. You may provide referrals to them.
13. Be sensitive to confidentiality issues. Avoid putting individuals “on-the-spot” by asking them personal questions, especially while in a group.
14. Never disclose information to others about anyone you learned through outreach or through the study.

Safety Policy: On-the-Job Rules

15. When conducting interviews, incentives should be kept in envelopes—one envelope per incentive—and only the number of cash or coupon incentives needed for a half a day should be carried. Return to the office or car to replenish supply if needed.

Avoiding Trouble: Be Alert

16. Be aware of your surroundings at all times. You can avoid trouble by observing the area around you.
17. Stay in view of street traffic whenever possible. Do not enter shrubbery, alleys, buildings, or other areas where you are not visible, unless you are accompanied there by a partner.
18. Do not carry weapons (guns or knives).
19. Avoid getting in the middle of the sale of drugs, fights, or other potentially dangerous situations. If a potentially dangerous situation develops, leave the area quickly and quietly, without drawing attention to yourself.
20. If you do not feel comfortable entering certain areas, or if you have reason to believe that your safety has been compromised, do not enter that area.
21. Make sure you know how to refer crime victims or someone who is mentally or emotionally unstable to needed services (police, rape hot line, battered women's hotline or shelter, etc.).
22. Never yell or argue with anyone. Avoid confrontations. If someone becomes angry or irritated with you, leave the area at once.
23. If you are caught in a potentially dangerous position, stay calm, and try to leave as soon as possible. In case of an emergency, call 911.
24. If someone is "under the influence" or otherwise behaving strangely or threateningly, avoid him or her.

WORKSHOP C:

Organizing a Community Forum-A Community Discussion on Health Issues

This workshop provides an overview on how to conduct a community forum with the purpose of engaging the community in a discussion about health issues in their neighborhoods.

Learning Objectives:

By the end of the workshop, participants will:

1. Learn the purpose of a community forum.
2. Gain a basic understanding on how to conduct a community forum
3. Learn about the basic components in planning a community forum.

Equipment, Materials, and Supplies Needed

- Easel and flipchart
- Color markers
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE

Group Discussion

I. Community Forum

A community forum is an open discussion where residents are able to raise important issues affecting them, such as health problems in their neighborhood. The primary purpose of this community discussion is to obtain input from residents concerning their needs and ideas for addressing health issues.

During this discussion participants also have the opportunity to prioritize those problems that are most important to them and develop potential solutions. Creating ownership and collectively identifying action steps is an important step in ensuring further action and enabling problem solving among community residents, decision makers and local organizations.

II. Planning for a Community Forum

☐ *Form a Planning Committee.*

It is recommended that a planning committee be formed to assist in coordinating the forum, provide support, determine who should be invited and assist in publicizing the event. The planning committee should have the representation of diverse local agencies, community leaders and residents.

☐ *Create the Forum Agenda.*

Determine what will be covered and what type of issues and concerns will be addressed. As a general rule questions that address issues/concerns, barriers, resources for change, and possible solutions are strongly recommended. For example, some questions worth asking are: What are the health issues in your community? Who is affected? What resources are needed to solve these issues?

WORKSHOP C:

Organizing a Community Forum-A Community Discussion on Health Issues

- ☐ *Decide on a date to host the discussion.*
Select a day and time that is convenient to your community. In many communities, an evening or Saturday morning meeting may be the most feasible.

III. Meeting Place, Materials Needed and Accommodations

- ☐ *Find a location for the discussion.*
The site should be within the neighborhood you are working with, be easily located and accessible using public transportation. There should also be enough parking available for your invited guests. For example, this discussion may take place at a well-known and convenient location such as a local church, school, or community center.
- ☐ *Meeting room accommodations.*
Make sure that the location is large enough for your invited guests. The meeting room should also be equipped with the materials you will need for the discussion (screen, podium, microphone, etc.) Be sure to bring additional materials needed such as easels and flipcharts, markers, etc.
- ☐ *Transportation.*
Provide transportation access to the meeting if necessary to residents. By eliminating this barrier it may ensure wider attendance from those individuals you want to attend.
- ☐ *Translation and Interpretation Services.*
In order to facilitate the participation and input of diverse groups, language interpreters may need to be contracted. Local community agencies may be willing to provide this service and necessary interpretation equipment. This is where the planning committee may play an important role in identifying and securing this service. The terms interpretation and translation are often used interchangeably, but by strict definition, interpretation refers to the spoken language, and translation refers to the written language. Interpreters do not interpret word for word, but meaning for meaning. Please visit www.partnershipforthepublicshealth.org/col4/hand-man/cult-comp.pdf for a comprehensive guide to language interpretation and translation.
- ☐ *Childcare.*
Providing childcare may increase the participation of a larger and more diverse group of individuals who may also be interested in engaging in a discussion about community health issues.
- ☐ *Refreshments.*
Consider serving food and refreshments at your meeting, particularly if you are scheduling an evening meeting.

WORKSHOP C:

Organizing a Community Forum-A Community Discussion on Health Issues

- ☐ **Sign-In Sheet.**
Develop a sign in sheet in order to keep in contact with participants who attend the forum. Have this prominently displayed at the meeting and make sure everyone has an opportunity to sign-in.

IV. Publicity and Promotion

- ☐ *Decide who should attend the discussion.*
A community forum should be open to everyone in the community. A concerted effort should be made to invite a diverse set of individuals such as citizens, stakeholders, decision makers, resource persons and local non-profit agency staff. It is especially noteworthy to invite individuals who have an invested interest and can play a role in solving identified health problems.
- ☐ *Create a flyer about your event.*
Announce your event to the community by creating a flyer. Indicate the time, location, and purpose of the discussion. The discussion should be no more than 2 hours in length.
- ☐ *Outreach and Publicity Plan.*
Publicize the forum as widely as possible around the community. Decide on the best way to inform your community about this event. Consider the following methods: Identify newspapers and other media sources to publicize your community forum. Mail and place the forum publicity flyers in strategic areas (local clinics, grocery stores, Laundromats, etc.) at least 2-3 weeks before your event.

V. Secure A Facilitator

- ☐ *Assign a facilitator.*
Assign a facilitator who is neutral on the topic, has good listening skills, experience in moderating group discussions, ability to keep things moving and on track, and ability to engage the group in a meaningful discussion.

This person can be from within the community (someone respected in the community) or be an outside professional. It is recommended that a separate person serve as a note taker. Note: Depending the size of the anticipated audience there may be a need to designate more than one facilitator.

- ☐ *Assign a recorder (note-taker) for the discussion.*
The main responsibility of the recorder is to take notes, record the event happenings and track participants' comments. The recorder may also be able to make the discussion process visible for participants. Using an easel and flipchart the recorder could write legibly and in big letters comments made. It is important to use the exact words or description that the participants use so that they have ownership of the discussion process. The note taker or facilitator can

WORKSHOP C:

Organizing a Community Forum-A Community Discussion on Health Issues

ask the individual for clarification if the comments are unclear. Note: Depending the size of the anticipated audience there may be a need to designate more than one recorder.

VI. Conducting a Community Forum (Potential Agenda)

The following is a suggested agenda to engage the community in a discussion about health issues. Remember that the recommended time for the discussion is 2 hours in length. It is therefore important to keep the discussion on track.

In order to have a meaningful discussion it is also important to keep the working group smaller than 30-40 people. If a large number of people attend divide into smaller groups.

I. Welcome and Introductions (10 minutes)

- a. Explain why you are having the community forum
- b. Introduce facilitator and recorder
- c. Briefly review the agenda

II. Community Discussion Session (1 hour, 15 minutes)

- a. Provide an overview and instructions for group, including ground rules.
- b. Discussion Questions

The following are suggested questions to engage the community in a discussion about health issues:

1. What does health mean to you?
2. What are the top 3 health issues in our community?
3. What are potential solutions to these problems?
4. Identify some community assets (strengths) that may help in addressing these issues.

Materials needed for this session: Easel and Flipchart, Markers, Masking Tape and Red Dots.

Once the health issues have been identified, ask the group to prioritize the health issues by giving each person a red dot or sticker. Each dot or sticker represents a vote. Each person must vote for one health issue that they think should be a priority for the community. Allow 5-10 minutes for voting time. Tally the votes.

WORKSHOP C:

Organizing a Community Forum-A Community Discussion on Health Issues

III. Report Back Session (25 minutes)

- a. Summarize issues discussed, highlighting priority issues that were identified by participants (by the red dots)
- b. Discuss a preliminary plan of action
- c. Announce the next meeting to pursue next steps identified in this meeting.

IV. Closing (10 minutes)

- a. Final thoughts and acknowledgments.

VII. Community Forum Follow-Up

Type up a summary of the community forum, including priority issues discussed and list of “next steps” aimed at addressing the top health issues. Mail this summary to all participants, thanking them for their input and letting them know of upcoming opportunities for further involvement (i.e. upcoming planning meeting to address these issues, etc.)

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is the purpose of a community forum?
2. What are some basic steps involved in planning a community forum?
3. Name who are involved in the moderating the forum? What are their responsibilities?

Reference:

Community Toolbox
Conducting Public Forums and Listening Sessions.
http://ctb.ku.edu/tools/en/chapter_1003.htm

Community Leadership Skills

Workshop Description:

This workshop will provide an opportunity for participants to explore their personal commitment to cultural awareness and diversity. More importantly, the workshop will provide participants the opportunity to begin to practice skills aimed at working collaboratively with people from diverse backgrounds.

Learning Objectives:

By the end of the workshop, participants will:

1. Learn how their personal histories influence their relationships with others.
2. Learn the key aspects of multicultural leadership.
3. Learn skills on how to collaboratively work with people from diverse communities.

Equipment, Materials, and Supplies Needed

- One easel and flipchart
- Color markers
- Paper and pencils
- Envelopes
- Cultural Awareness Worksheet and Discussion Questions
- Cultural-Norms Sheets for the Pandya and Chispa cultures
- Recorded music and radio
- Whistle
- Timer or clock to keep track of time
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE**I. Introduction**

Begin the workshop by stating that embracing cultural diversity and differences is a lifelong commitment. This one day workshop is not aimed at transforming an individual's perceptions and attitudes about diversity but rather an attempt to spark self-reflection and begin the lifelong process of understanding and practicing behaviors that respect individuals from diverse backgrounds. Before beginning the workshop take a couple of minutes to review the following discussion ground rules with participants.

A. Group Discussion Ground Rules

- Speak on your own experience. Use "I" statement instead of "we", "them", etc.
- Allow people to express their ideas. Do not judge. People have different viewpoints and levels of awareness that must be respected.
- Our goal is not to agree on everything that is shared but have an open discussion.

- Try not to let defenses build, but listen and mentally note questions or disagreements.
- Listen actively. Respect others when speaking.
- Respect the conversation process. For example, no cell phones, beepers, etc.
- Participate at your own comfort level.
- Ask for additional ground rules from participants

Group Lead-in Activity

II. Group Lead-in Activity (10 minutes)

Trainer Note: Group lead-in activities are particularly useful for introducing a topic, revealing resistance to discussion or learning, and activating prior knowledge on a topic.

Materials

- Paper
- Pencils

Have participants pair up with someone they do not know from the class. Provide participants with paper and pencils and instruct them to take turns asking their partner the following questions:

1. What is your name?
2. Where are you from?
3. Share something you are proud of about your heritage or family background.

[Adapted from: SAMHSA, Center for Substance Abuse Prevention (CSAP) Training Library, Multicultural Leadership Institute <http://p2001.health.org>]

Activity Debriefing (10-15 minutes)

Ask 2-3 pairs to volunteer and share what they learned from their partners. Ask the whole group or volunteers to share their experience with this activity. More specifically, to discuss how they felt about answering the questions.

Trainer Note: Pay particular attention to *Question 2: Where are you from?* Did the participants answer the question based on nationality, country of origin, or geography? Use the activity as a framework for discussing differences and commonalities among group participants.

Group Discussion

III. What is Culture?

Culture is a strong part of people's lives. Culture has been defined as the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people. Culture shapes many things including, how people see the world, the structure of their community and family life.

It includes groups that we are born into, such as race, national origin, gender, class, or religion. It can also include a group we join or become part of. For example, it is possible to acquire a new culture by moving to a new country or region, by a change in our economic status, or by becoming disabled. When we think of culture this broadly we realize we all belong to many cultures at once.

When working to improve the health status of diverse communities it is important to acknowledge, respect and respond appropriately to their cultural values, health beliefs and practices.

Group Activity

IV. Group Activity 1: Cultural Awareness Worksheet & Discussion (40 minutes)

Activity Learning Objectives

The following activity will enable participants to:

- Discover similarities and differences across cultures.
- Discuss the influences of culture on behavior.
- Begin to look at the influences of cultural backgrounds.

Materials

- Cultural Awareness Worksheet and Discussion Questions
- Pencils

Directions

1. Review the activity objectives with the class.
2. Make sure all the participants have a copy of the Cultural Awareness Worksheet.
3. Exploring the cultural dimensions of their personal experiences can be quite revealing. Let participants know that it is normal to experience some discomfort, especially if they have not consciously looked at cultural issues before. Remind participants that for the purpose of this activity it is important for them to be honest while completing this worksheet.
4. Give participants 15 minutes to complete the following Cultural Awareness Worksheet.
5. Once participants have completed the worksheet give them 5 minutes to review their questions and identify the 3 statements that have the most significance to them. Ask participants to circle them or identify them in some way.
(Optional: Ask for volunteers to share their answers, reasons and feelings associated with the statements they selected.)
6. Finally, ask participants the enclosed Discussion Questions after they have completed the Cultural Awareness Worksheet.

The worksheet and discussion questions are important in raising participant's awareness about their feelings, own cultural identity and understanding of people from other cultures.

Trainer Note: The following Cultural Awareness Worksheet and Discussion Questions are found at the end of this workshop section.

Cultural Awareness Worksheet (15 minutes)

Answer Y (Yes) or N (No) for each of the following statements. Remember to be honest with yourself!

| Have you ever: | Y | N |
|--|-------|-------|
| 1. Questioned why your upbringing may have been different from that of other races? | _____ | _____ |
| 2. Been frustrated when trying to communicate with someone who didn't speak your language? | _____ | _____ |
| 3. Thought rituals or customs from other cultures were funny, strange, or crazy? | _____ | _____ |
| 4. Felt ashamed of your cultural norms or values? | _____ | _____ |
| 5. Felt superior to another cultural group? | _____ | _____ |
| 6. Judged someone immediately by physical appearance before you even talked with them? | _____ | _____ |
| 7. Tried to pass for the "majority" culture as a "minority"? | _____ | _____ |
| 8. Felt uneasy while going through a foreign country or neighborhood? | _____ | _____ |
| 9. Questioned the origins of racism, sexism, and other "isms"? | _____ | _____ |
| 10. Felt confused about which culture you belonged to? | _____ | _____ |
| 11. Been mistaken for being a member of another culture or ethnic group? | _____ | _____ |
| 12. Avoided people of a certain race or ethnic group? | _____ | _____ |
| 13. Felt uncomfortable about dating or marrying someone from a different cultural group? | _____ | _____ |
| 14. Gotten angry or violent when someone used a derogatory slur or label in your presence? | _____ | _____ |
| 15. Gotten angry about having to learn more about other cultures in order to do your job? | _____ | _____ |
| 16. Wished you had a different body, face, hair, or skin color? | _____ | _____ |
| 17. Talked or acted differently to try and fit in with another ethnic group? | _____ | _____ |
| 18. Questioned your own thinking, values, and beliefs? | _____ | _____ |
| 19. Wondered why some cultures appear to be close-knit units and yours (or others) don't? | _____ | _____ |
| 20. Noticed yourself thinking and acting like your parents? | _____ | _____ |

Group Discussion Questions (35 minutes)

The following questions provide some suggested areas to help focus a meaningful discussion about cultural awareness, identity and perceptions. Ask the entire group these questions to help begin an open dialogue.

1. What was your reaction to the questions/statements on the worksheet?
2. Did any of your responses surprise you?
3. Are there things that group members are hesitant to share? Why?
4. What are some of the cultural similarities and differences among responses?

5. What were some of the stereotypes and assumptions that came to mind when completing the worksheet?
6. What were some of the statements that had significance for you?
7. Are there any other issues that the group may want to raise and discuss?

[Source: SAMHSA, Center for Substance Abuse Prevention (CSAP) Training Library, <http://p2001.health.org>]

Activity Debriefing (5 min.)

Spend a few minutes summarizing key points raised and lessons learned before proceeding to the next group activity.

Group Discussion

V. Multicultural Leadership

In order to be an effective health leader it is important to understand the culture and value system of the community you are working with.

Trainer Note: Share the following examples of multicultural leadership styles with participants.

Health leaders working with diverse populations exhibit the following multicultural leadership styles:

- *Values Diversity.* In order for people to listen and become involved every person needs to feel included and accepted.
- *Creates an environment that supports high-level performance.* Showing respect for peoples' culture and beliefs system creates an understanding environment where people are valued for what they do and who they are.
- *Views differences as strengths.* Diversity brings a variety of ideas and view points. This is especially beneficial when creative program solving is required. Diversity increases one's willingness to take risks, which can lead to increased creativity, leadership and innovation.
- *Advocates for broad community representation and shared decision-making.* Improving community health involves the collective input from diverse groups. There should be established mechanisms to involve and encourage the participation of diverse community members and have them present at all levels of decision-making.
- *Views people as resources.* Each cultural group has unique strengths and perspectives that the larger community can benefit from.
- *Uses influence instead of power.* Instead of using power to scare or force people to comply they build trust and have candid conversations. This process usually involves influencing the behavior of community members to carry out goals of the group.
- *Makes communications practices inclusive.* Builds mechanisms for community involvement and inclusion.

- *Collaboration is stressed.* Community representation and cooperation is key to problem solving and decision-making.

[Adapted from: SAMHSA, Center for Substance Abuse Prevention (CSAP) Training Library, Multicultural Leadership Institute <http://p2001.health.org> and Community Toolbox, Cultural Competence, Spirituality, and the Arts and Community Building http://ctb.ku.edu/tools/en/sub_section_main_1168.htm]

VI. Group Activity 2: “Brief Encounters” (40 minutes)

Group Activity

Activity Learning Objectives

The following activity will enable participants to:

- Gain skills in observing and describing behaviors.
- Develop an understanding of how our cultural values influence the way we view other groups

Materials

- Cultural-norms sheets for the Pandya and Chispa cultures (half of the participants will receive Pandya sheets and the other half Chispa sheets)
- Recorded music and radio
- A whistle and a timer to help you pace the game

Activity Introduction

Science fiction fans will recognize a familiar theme as they participate in this simulation. Many science fiction authors have explored how humans will behave when we meet an alien race for the first time. “Brief Encounters” brings the question closer to home and asks students to explore the interaction of two cultures, **one outgoing and casual, the other more reserved and formal**, with very different social norms.

Directions

1. Remove all furniture from the center of the room. Participants will need space to move around.
2. Divide the participants into three groups. Two groups should be about the same size and should have roughly equal numbers of males and females, if possible. A smaller group of two to three participants will act as observers.
3. Tell the observers that they will be watching closely as two different cultural groups interact. They may move among the participants, but they may not touch or speak to them. Their observations will help the class view the activity with a wider perspective during the debriefing.

4. Send the Pandya and Chispa groups to opposite corners of the room. Distribute copies of the Pandya cultural-norms sheets to one group and the Chispa cultural-norms sheets to the other group. Ask the members of each culture to read these sheets and to discuss their norms among themselves only.
5. Visit the Pandyas and clarify their values. Emphasize the importance of staying in “character.” Emphasize that the male participants should be chaperoned at all times. Remind them of their reluctance to initiate contacts with people of other cultures.
6. Visit the Chispas and clarify their values. Emphasize the importance of making several brief contacts rather than a few lengthy ones. Define a contact as eliciting a verbal or a nonverbal response from a member of the other culture. Remind them of their friendly, outgoing nature and their eagerness to meet people from other cultures.
7. If participants ask about the scoring system that appears on the norms sheets, tell them you will discuss this aspect of the game during the debriefing. Actually, you will not keep score. The point systems are printed on the norm sheets to establish a reward system for “good” behavior as defined by each of the two cultures.
8. Announce that the two groups have been invited to a party sponsored by an international exchange organization. The party organizers hope the two groups will get acquainted and learn about each other.
9. Start the music and let the two cultures interact. The trainer and observers should walk among the groups, looking for behaviors that can be described and discussed during the debriefing.
10. After 10 to 12 minutes, blow the whistle to end the party. Ask the participants to meet once more in opposite corners of the room and to make notes for their culture reports.
11. Give each group about 10 minutes to create a brief report. The Chispas’ report will describe the Pandya behavior and values that their classmates might expect to encounter if they visited the Pandya nation. The Pandyas will create a similar description of the Chispas.
12. Ask a representative from the Chispas to present the group’s report to the class. Then ask a representative from the Pandyas to read that group’s norms sheet. Ask the Chispas to note how their reports compared to the Pandyas’ norms sheet.
13. Repeat with a Pandya representative sharing the group’s report on the Chispas.

Activity Debriefing

Use questions such as the following to guide discussion of how our cultural “biases” influence the way we view other groups. Be sure to ask the observers for their views on the participants’ attempts to communicate across cultures and to maintain cultural norms.

1. How did you feel about the behavior of the members of your own group? Of the other group? Did your group’s culture report use positive, negative, or neutral terms to describe the other group?
2. How did your group organize to observe the norms of your culture? During the party, what did you do if a member of your culture did not follow a particular norm?
3. Did your group attempt to keep score during the game? What are the real-world rewards for following cultural norms?
4. Ask participants to discuss whether they agree or disagree with each of the following statements.
 - People have difficulty describing the behaviors of other groups in nonjudgmental terms.
 - People acquire cultural norms fairly quickly.
 - People seldom question the cultural norms that are handed to them.
 - Most of the group’s norms are maintained through peer pressure.
 - Americans tend to feel uncomfortable without eye contact, even though in many parts of the world, eye contact is considered to be rude and impolite.
 - The same behavior can be perceived differently depending on your group’s norms. For example, the same behavior appears friendly to Chispas and pushy to Pandyas.
5. What are some real-world situations that were illustrated during the game?
6. Pandya women were instructed to speak for the Pandya men. In what real-world situations does one group speak for another?
7. How would the game be different for players if the Pandya men dominated the women?
8. What would have happened if the two groups had been required to complete a science experiment or organize a field trip together? If the “party” had lasted longer?
9. What lessons from this activity would you want to keep in mind if you were going to spend time in an unfamiliar culture?

Trainer Note 1: The following cultural-norm sheets for the Pandya and Chispas are found at the end of this workshop section.

Trainer Note 2: Instruct the groups to **ONLY** discuss the following norms among themselves.

You are a Pandya

Pandya Cultural Norms

- **Pandyas** prefer to interact with members of their own culture.
- **Pandyas** do not initiate conversation. They speak only when spoken to.
- **Pandyas** have very formal speech patterns. For example, they always use “sir” and “ma’am.”
Among **Pandyas**, women have more status than men. Men are chaperoned by **Pandya** women.
- **Pandya** men avoid eye contact with women from other cultures.
- **Pandya** men do not talk directly to women from other cultures. They respond through their chaperones.
- **Pandya** men can talk to men from other cultures. They can maintain eye contact with men from other cultures.

Scoring

- **Pandyas** lose 1 point for initiating conversations with anyone from another culture.
- **Pandya** men lose 2 points for talking directly to women from another culture.
- **Pandya** women gain 1 point each time they respond to a woman from another culture on behalf of a **Pandya** man.

You are a Chispa

Chispa Cultural Norms

- **Chispas** are informal and friendly.
Among **Chispas**, there is no gender discrimination. Men and women behave the same way.
- **Chispas** are outgoing. They love to make contact with people from other cultures.
- **Chispas** contacts are brief and casual.
- **Chispas** are democratic and call everyone by first name.
- **Chispas** value cross-gender contacts more than same-gender contacts.

Scoring

- **Chispas** get 1 point for making a same-gender contact.
- **Chispas** get 2 points for making a cross-gender contact.
- **Chispas** lose 5 points if they fail to make a cross-gender contact within one minute.

[Source: Peace Corps, *Looking At Ourselves and Others-Defining Culture*
www.peacecorps.gov/www/guides/]

Closing (15 minutes)

Ask the group what they learned about themselves in today's workshop. Pass out a sheet of paper and envelope. Have each student write a letter to themselves by completing the following statement:

"I am committed to a lifelong learning and growth about diversity. I will do the following steps to sustain my commitment:"

Give each student 10 minutes to write the letter. Seal the letter in a self-addressed envelope. The instructor will mail the letters in two weeks.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is culture?
2. Why is it important to have an open discussion about culture?
3. Name a couple of multicultural leadership styles used by health leaders.

References:

SAMHSA
Center for Substance Abuse Prevention (CSAP) Training Library
Multicultural Leadership Institute
<http://p2001.health.org>

Peace Corps
Looking At Ourselves and Others-Defining Culture www.peacecorps.gov/www/guides/

Community Toolbox
Cultural Competence, Spirituality, and the Arts and Community Building
Understanding Culture and Diversity in Building Communities
http://ctb.ku.edu/tools/sub_section_main_1168.htm

Workshop Description:

The purpose of this workshop is to teach participants how to organize and deliver a persuasive speech.

Learning Objectives:

By the end of the workshop, participants will be able to:

1. Distinguish between informative and persuasive speaking principles.
2. Identify persuasive messages.
3. Use Monroe's Motivated Sequence to prepare and deliver a persuasive speech.

Equipment, Materials, and Supplies Needed:

- Easel and flipchart
- Color markers
- Paper and pencils
- Timer or classroom clock
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE

I. Introduction

Public speaking is an essential skill of a health leader. The following lecture and activity will provide participants with skills that will help them in their process of becoming effective speakers and delivering persuasive speeches.

II. Increase Speaking Confidence by Understanding the Difference Between Informative and Persuasive Speaking

A. What is informative and persuasive speaking?

- **Informative** speeches increase the audiences' knowledge about certain topics
- **Persuasive** speeches change the audiences' attitudes, beliefs, opinions, or behaviors

B. What is the difference between informative vs. persuasive speaking?

Informative

- Increases knowledge
- Defines, describes, explains, and compares audience
- Listener knows more than before (newly acquired knowledge)

Group
Discussion

Persuasive

- Changes mind or actions
- Shapes, reinforces, or brings about change
- Listener feels, thinks, and acts

C. Purposes of persuasive speaking

- To guide audience responses toward some predetermined goal (adopt a pet, or join an aerobics class at a community center)
- To reinforce audience responses by rewarding them for sustaining their present beliefs, attitudes, and values
- To change the audience responses, altering an audience's behavior toward a product, concept, or idea

III. Increase Persuasive Speaking Confidence by Learning Monroe's Motivated Sequence

A. Monroe's Motivated 5-Step Sequence

1. Attention

- Gain your audiences' attention and arouse curiosity
- Introduce your topic
- Briefly highlight your main points but don't give your whole speech
- Try to relate to your audience
- Establish credibility

2. Identify unfulfilled need or problem

- Establish a clear, urgent and unfilled need (or problem) in the mind of the audience.
- Illustrate why your topic concerns the audience. Make a convincing argument on how the need directly impacts your audience: does it impact their health, children, etc.
- Include 2 or 3 main points
- Demonstrate the need by using:
 - ✓ Story (a captivating story, newspaper "headline" story, etc.)
 - ✓ Expert Testimony (according a credible expert)
 - ✓ Startling Statistics (statistic used must be accurate)
- Do not give your solution during this stage

Trainer Note: Please stress that identifying the audience's needs is critical before beginning to identify a solution.

3. Propose a solution that satisfies the audience

- A problem or a need has already been established in the minds of your audience at this point (this was done in the step above “Identify unfulfilled need or problem”).
- Present a complete explanation of your solution
- Describe how it will satisfy your audience’s need
- Provide actual examples showing that your solution has worked or will work
- Identify any possible objections to your solution:
 - ✓ Cost
 - ✓ Effort
 - ✓ Time
- Solve any possible objections to your solution.
- By the end of this step the audience should have a clear understanding of your solution. All objections should have been resolved.

4. Visualize the resulting satisfaction for the audience

- Create a visual picture for the minds of your audience of your solution
- Illustrate how your solution will benefit your audience
 - ✓ If they applied your solution
 - ✓ If they did not apply your solution
 - ✓ The rewards and costs of your solution
- Allow your audience to see the advantages/benefits of your solution
- Once your audience is convinced that your solution is beneficial they should be more motivated to take action.

5. Define specific actions

- The focus of this final step is to translate the interest created into action.
- Tell your audience about your solution and provide detailed instructions on how they can obtain it.
- Reinstatement the benefits the audience will receive with your solution
 - ✓ Be very brief and to the point
 - ✓ Do not add any new information that will make your solution complicated or difficult
- End with a final appeal that reinforces the audience’s commitment to take action.

The above 5-step motivated sequence has been used to make policy speeches that solicit immediate action from the public. This sequence is very effective because it follows the process of human thinking where the speaker leads the audience step by step to take a desired action (i.e. donate blood, join a neighborhood watch, etc.)

This 5-step motivated sequence is also used by people who make a living making persuasive speeches, such as salesmen and TV advertisers.

✓ **Participatory
Evaluation
Checklist**

IV. Planning and Delivering a Persuasive Speech

To adequately prepare and deliver a persuasive speech, speakers should consider the following:

- ☐ *Perform an audience analysis.* What are the audience's demographics (age, sex, education, occupation, etc)? What are the audience's attitudes or beliefs about your topic?
- ☐ *Do any additional research on your topic.* It is very important for the speaker to appear knowledgeable and credible
- ☐ *Create an introduction, body and conclusion using Monroe's Motivated 5-Step Sequence.*
- ☐ *Create an outline of your speech to keep you organized and on target.*
- ☐ *Practice.* Rehearse alone and in front of others. Practice often.
- ☐ *Work on reducing anxiety and nervousness.* (See Workshop C: Public Speaking-Speaking with Confidence).
- ☐ *Establish eye contact with audience members when delivering your speech.*
- ☐ *End with a final appeal that motivates the audience to take action.*

V. Group Activity 1: "Sabado Gigante" Variety Show (25 minutes)

Activity Learning Objectives

The following activity will enable participants to:

- Gain skills in developing a persuasive presentation on a product.
- Gain a deeper understanding of Monroe's Motivated 5-Step Sequence.

Material

- Paper and Pencils

Directions

Sabado Gigante is a popular Spanish entertainment/variety show aired on Saturday nights. During the broadcast there are several advertisements for products made by one of the presenters.

Using this show format ask for 3-4 volunteers to act as presenters and develop a persuasive presentation about a variety of different products such as a pencil, stapler, chips, or a soda. (For the purpose of this activity you can use any object found in the room.)

Provide volunteers with paper and pencils in order for them to write down some notes. Give them 5-10 minutes to prepare their persuasive speech. Instruct volunteers to use the 5 step motivated sequence in drafting their speeches. Their persuasive speech should be approximately 3-4 minutes in length. After they have prepared their speeches ask volunteers to present their assigned product.

VI. Group Activity 2: “The Art of Persuasion” (30 minutes)

Activity Learning Objective

The following activity will enable participants to:

- Gain skills in developing a persuasive presentation on a health topic and in integrating persuasive techniques to move audience to take action.

Material

- Paper and pencil

Directions

Divide participants into small groups of 3-4 persons. Each group will be assigned one of the following topics:

1. Lead Prevention
2. Breast and Cervical Cancer
3. Drugs
4. Pregnancy Prevention
5. Gang Violence
6. Sexually Transmitted Diseases

Each group will be responsible for coming up with a persuasive speech for their assigned topic following Monroe’s Motivated Sequence. Provide paper and pencils to each group in order for them to write down some notes. Give the groups 5-10 minutes to prepare their persuasive speech. Have each group select a spokesperson that will deliver the speech. Each speech should be no more than 5-7 minutes in length.

Trainer Note: Stress to groups that their speeches should end with a stirring appeal that motivates people to take action.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is the difference between informative and persuasive speeches?
2. What is the purpose(s) of persuasive speaking?
3. Describe Monroe's Motivated 5-Step Sequence.

References:

Bettinghaus, E. P., & Cody M. J. (1994). Persuasive Communication: Fifth Edition. San Diego: Harcourt Brace College Publishers.

Nelson, E. N., & Pearson, J. C. (1990) Confidence in Public Speaking: Fourth Edition. United States: Wm. C. Brown Publishers.

Workshop Description:

The purpose of this workshop is to teach participants the fundamentals of public speaking while encouraging the development of the speaker's confidence.

Learning Objectives:

By the end of the workshop, individuals should be able to:

1. Learn skills to increase speaking confidence and reduce speaking anxiety.
2. Increase speaking confidence by learning how to organize a presentation for audience impact.
3. Increase speaking confidence by learning effective delivery techniques.

Equipment, Materials, and Supplies Needed

- Easel and flipchart
- Color markers
- Ball of yarn
- Paper and pencils
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE:**Icebreaker****I. Icebreaker: Tell Me Something Unique About Yourself (15 minutes)**

It is important to start the workshop on a positive and light note. The following icebreaker activity sets the framework for the workshop discussion and allows participants to visualize the complex web of communication.

Material

- Ball of yarn

Directions

Ask participants to form a circle and instruct them to toss the ball of yarn around the circle. When the ball of yarn is tossed to them participants should state their name and share something unique about themselves, then throw the ball of yarn to someone new creating a spider web. The main purpose of this activity is to create a visual picture regarding the complex art of communication.

II. Increase Speaking Confidence by Reducing Speaking Anxiety**A. Public Speaking Anxiety**

Public speaking anxiety is defined as a person's fear or anxiety associated with a real or anticipated public speaking event. Most people get anxious at the beginning of a speech and experience any number of the following anxiety symptoms: hands shaking, voice cracking, legs quivering, sweaty palms, and/or aching stomach.

B. Why people experience speaking anxiety

- Fear of forgetting important points in their speech.
- Have seen poor examples of public speakers, so are unsure of how to properly deliver a speech.
- Desire absolute perfection.
- Have an unrealistic desire to have everyone in the audience accept them and what they are saying.

C. Tips for Conquering Public Speaking Fear and Reducing Anxiety

Tip for Reducing Anxiety

1. Systematic Desensitization

Systematic desensitization is a process that minimizes a person's feelings and emotional reactions to public speaking. This is done through positive visualization and relaxation.

Examples:

Getting a drink of water before the speech begins in order to start the relaxation process.

Visualizing yourself up in front of an audience and imagining yourself staying relaxed and feeling comfortable.

2. Cognitive Modification

Cognitive modification is a process that changes or modifies unrealistic beliefs about public speaking. This process enables a public speaker to confront his or her beliefs and fears by following these steps:

- Identifying any unrealistic beliefs and expectations they hold about themselves as a public speaker.
- Writing down any unrealistic or negative thoughts and expectations that come to mind when they think about an upcoming public speaking event.

Example: "I'm sure that something terrible will happen while I am giving my speech, and there's nothing I can do about it."

- Then rewrite each thought in a more reasonable and positive way.

Example: "It's unlikely that anything will go wrong, and by planning and practice I can help avoid any problems."

Remember that the unrealistic statements are extreme, misleading, and produce high anxiety. On the other hand, the revised statements are less extreme, more realistic, and result in a more moderate emotional reaction.

3. Goal Setting

Goal setting is a process for easing anxiety by creating a structured plan for improving a person's speaking techniques and behaviors. This can be done through the following steps:

- First, begin by identifying a general area of improvement in order to create your goals. For example, your goal could be to reduce your level of public speaking apprehension or anxiety.
- Once you have identified a general area, formulate specific goal statements that try to change your speaking behaviors. For example, a person may be a "low talker"; speak quietly with eyes cast down, not making any eye contact with the audience. Setting a specific goal to practice a speech in front of small groups like friends or family may help in changing this behavior.
- Finally, **practice** also reduces anxiety. Practice out loud and practice often. The more you practice the more comfortable you will be with the information and be less anxious.

III. Increase Speaking Confidence By Learning How To Organize Your Presentation for Audience Impact

A. Chose your topic

- Select topics that are important to you
- Select topics that you are knowledgeable about
 - ✓ Vocational
 - ✓ Hobbies
 - ✓ Interests

B. Analyze your audience

Effective communication is centered on the needs of the audience. It is therefore important to analyze the audience and adapt your speech to them. Look at the following characteristics of your audience in framing your presentation:

- *Age*—average age or age range of your audience
- *Education*—prominent elementary, middle or high school background or mixed educational levels
- *Gender*—male, female
- *Occupation*—homemaker, part-time or full-time employees
- *Income*—low, middle, high, or mixed
- *Culture*—is your audience alike ethnically, by race, religion, or nationality
- *Geographic Uniqueness*—residents of the same city, state, or neighborhood
- *Group Affiliation*—of the same social or fraternal group

C. Determine Audience Size

The size of the audience will determine the tone, format and level of interaction.

- *Small audience*
 - ✓ You will be closer to them (more intimate).
 - ✓ You will have an opportunity to build rapport and likeability.
 - ✓ You will be able to talk in a normal voice and feel free to move around the room.
 - ✓ Use less audio/visual equipment and more eye contact.
- *Large audience (over 100 people)*
 - ✓ You might need a microphone and other audio/visual equipment.
 - ✓ You will be less able to move about the room.
 - ✓ You may have limited interaction.

D. Where will the speech be given?

It is important to be familiar with the environment in which you have to speak. Getting to know the location in advance will help you make any needed changes to your speech or to the room (i.e. move tables and chairs). It will also help you keep focused and calm when it is time to make your speech. Review the following scenarios:

- *Classroom*
 - ✓ May vary in size, lighting, and seating arrangements.
- *Long narrow room*
 - ✓ You will need to speak louder to reach the back of the room.
- *Dark room*
 - ✓ You will need to make sure all the lights are on.
 - ✓ If the room has blinds or shades, open them to bring in as much light as possible.

E. What is expected of my speech?

- *Theme*—the purpose of the speech.
- *Length*—the duration of the speech.

F. What is the desired response of your audience?

The goal of a speech should only contain one idea. It should also indicate the specific desired response of your audience.

- **Entertainment:** “I would like my audience to laugh at my experience as a waiter.”
- **Inform:** “I would like my audience to understand the importance of eating healthy.”
- **Persuade:** “I would like my audience to join a parenting class at the local community center.”

G. Speech Content and Structure (Outline)

I. Introduction

- A. Inform your audience of the main idea (topic) of your speech
 - 1. Use attention getting tools:
 - ✓ Give a startling statistic
 - ✓ Visual aid or photos
 - ✓ Dramatic example (i.e., story)
- B. Establish Credibility

Why should audience members listen to your speech? Provide the audience with some facts that will demonstrate that you know what you are talking about.
- C. Preview your topic and state what the key points will be.

II. Body

It is recommended that there be two to three main points--depending on the duration of the speech. It is also important that the body follow some organizational patterns, such as chronological, comparative, persuasive, motivational, etc.

A. Main Point

- 1. Sub point (provide specific examples or statistics to support your main point.)
- 2. Sub point (provide additional examples or statistics to support your main point.)

B. Second Point

- 1. Sub point (provide specific examples or statistics to support your second point.)
- 2. Sub point (provide additional examples or statistics to support your second point.)

III. Conclusion

- A. Summarize main ideas and key point (be specific and concise)
- B. Leave your audience with a memorable closing statement.

IV. Increase Your Speaking Confidence by Learning Effective Delivery Techniques

Trainer Note: Review the following delivery techniques with participants, providing examples where appropriate.

A. Credibility

Credibility is measured by a listeners' perception of a speaker's position, authority, knowledge, competence, and trustworthiness. Speaker's must be confident and portray a certain level of credibility to the audience in order to have an impact.

B. Nonverbal Behavior

Nonverbal Behavior is the effective use of eye contact, gestures, postures, and voice.

- *Eye contact*

Eye contact indicates you want to persuade or influence someone, you have a high need for approval or affiliation, or seek a response from them.

- ✓ Things to do: Sustain eye contact while you talk to others; sustain eye contact while others talk to you; and maintain eye contact with the individuals with whom you are communicating.

- ✓ Things to avoid: Looking down before responding to a question; looking away from the person with whom you are communicating; and excessive eye blinking.

- *Gestures*

Gestures are body movements, which add to one's presentation.

- ✓ Things to do: Should be used to add emphasis to the points you are making; should appear spontaneous, unrehearsed and relaxed; should be used to communicate the intensity of your feelings and emotions.

- ✓ Things to avoid: Gestures that suggest a communicator lacks confidence (rounded shoulders, looking down), is defensive (crossed arms), aggressive (hands on hips), or is nervous (taps foot or fingers) should be avoided.

- *Postures*

Postures indicate an individual's status of power; how responsive the communicator is; and how strong a communicator desires to establish interaction with audience members.

- ✓ Things to do: Communicators who wish to be perceived as powerful will assume an open and relaxed posture; provide information regarding status.

- ✓ Things to avoid: Constricted postures that suggest that they are timid or lack power. Crossed arms, legs, and overall bodily tension while presenting impairs a communicator's credibility.

- *Voice*

The pitch, rate, volume, and quality of the voice communicate emotion, credibility, and personality perceptions.

- ✓ Things to do: A moderately fast rate will enhance perceived competence. Sufficient volume has also been found to be important for individuals who wish to be perceived as competent and dynamic.

- ✓ Things to avoid: Communicators should avoid speaking in such a way that their voices sound flat, tense, or nasal. Should avoid speaking in an excessive rate and avoid lengthy pauses.

GROUP ACTIVITY

V. Group Activity 1: “Overcoming Fears: Preparing a Presentation”- (30 minutes)

Activity Learning Objectives

The following activity will help participants to:

- Increase their speaking confidence.
- Learn how to organize and effectively deliver a presentation.

Material

- Paper and pencils

Directions

Divide participants into 5 small groups. Each group will be given 10 minutes to prepare a 3-minute informative speech on the following topics:

1. Community Cleanliness
2. Access to Health Care
3. Safe and Affordable Housing
4. Prenatal Care and Breast Feeding
5. Employment

Each group will be responsible for coming up with an informative speech for their assigned topic following the tips for reducing fear and guidelines for structuring a speech. Provide paper and pencils to each group in order for them to write down some notes. Have each group select a spokesperson that will deliver the 3-minute informative speech.

GROUP ACTIVITY

VI. Group Activity 2: “Three Things That Will Make You A Good Speaker”- (20 minutes)

Activity Learning Objective

The following activity will help participants assess their speaking skills and identify areas for improvement.

Material

- Paper and pencils

Directions

Give group participants 5-8 minutes to write down three things that will contribute to them being good speakers and brainstorm about possible actions they can take to make significant improvements in these areas. Ask for 5 volunteers to share their lists.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is public anxiety?
2. What do people experience when they have speaking anxiety?
3. Name some tips for conquering public speaking fear and reducing anxiety.

References:

Leathers, D. G. (1997) Successful Nonverbal Communication Principles and Applications. Allyn & Bacon. Needham Heights, MA.

Morreale, S. P., Spitzbert, B.H., & Barge, J. K. (2001) Human Communication: Motivation, Knowledge, & Skill. United States: Chatsworth, Thomson Learning.

Nelson, P. E., & Pearson, C P. (1990) Confidence in Public Speaking: Fourth Edition. Wm. C. Brown Publishers.

Verderber, R. F., & Verdervet, K. S. (2002) Communicate: Tenth Edition. Wadsworth: Thomson Learning.

Wood J. (2001) An Introduction to the Field of Communication: Second Edition. Wadsworth: Thomson Learning.

Workshop Description:

The purpose of this workshop is to teach participants how to be assertive while delivering a speech or interacting with other community citizens.

Learning Objectives:

By the end of the workshop, individuals should be able to:

1. Distinguish between assertive and aggressive messages.
2. Identify assertive messages.
3. Construct assertive messages in a presentation.

Equipment, Materials, and Supplies Needed

- Easel and flipchart
- Color markers
- Paper and pencils
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE:

I. Understanding the differences between assertiveness and aggressiveness.

GROUP DISCUSSION

A. What are aggressive vs. assertive messages?

- **Aggressive messages** may be intentional or unintentional.
 - ✓ They may cause pain to others.
 - ✓ They may lead others to think of themselves less favorably.
 - ✓ They may attack the self-confidence of another person.
- **Assertive messages** require that we stand up for our rights and respect the rights of others.

B. Aggressive Messages

Aggressive messages involve one person applying force or dominance over the other. Participants engaged in aggressive communication usually adopt an “attack” and “defend” mode of thinking and action. Review the following way aggressive messages can manifest themselves.

- Aggressive messages may:
 - ✓ Attack the character of another person.
 - ✓ Attack the competence of another person.
 - ✓ Attack the background of another person.
 - ✓ Attack the physical appearance of another person.
 - ✓ Insult another person.

- ✓ Ridicule or tease another person.
- ✓ Threaten another person.
- People are verbally aggressive when they:
 - ✓ Intend to hurt you.
 - ✓ Are not able to separate the people from the issue or topic.
 - ✓ Are not able to argue. (Arguing allows people to use several strategies that allow for a sincere and upfront dialogue and therefore constructive in nature)

C. Assertive Messages

Assertive messages involve choosing words or phrases that keep our own sense of dignity and the dignity of others.

- Assertive messages mean:
 - ✓ You want the other person to understand your position on an issue or topic.
 - ✓ You are also willing to listen to their side of the issue or topic.
- Assertive messages show:
 - ✓ We are accountable for our own behavior.
 - ✓ We understand that others have the right to have dignity.
 - ✓ Most importantly, they show our respect for others.

D. Five Steps in Assertive Behavior

FIVE STEPS IN ASSERTIVE BEHAVIOR

- 1. Describe**
 - Describe how you view the situation.
 - Monitor your voice by avoiding sarcasm or excessive vocal intensity.
 - Calmly and confidently describe the problem.
- 2. Disclose**
 - Let the other person know how you feel.
 - Describe how you feel, not how others feel by using “I” statements.
- 3. Identify Effects**
 - Identify the effects of the other person’s behavior upon you or others.
- 4. Be Silent & Ready to Listen**
 - Simply wait for a response.
 - This may be a difficult step for nonassertive people.
 - Your facial expression shouldn’t contradict your verbal message.
- 5. Use Reflective Listening**
 - After the other person responds, reflect and summarize your understanding of what they said.
 - Ask questions.
 - Paraphrase content.
 - Paraphrase feelings.

II. Reasons why we should think before we speak

- We don't want to attack, hurt, or insult anyone.
- There isn't always a common base of assumptions.
 - ✓ A word, gesture or other non-verbal message may mean one thing to one person, and at the same time, the same word or gesture may mean the complete opposite to another person.
 - *Case Example:* I worked for a Japanese company as secretary to the president. My job was to screen calls and I received many calls from Japan. I didn't know that in the Japanese culture you couldn't address a person by their first name unless you were friends or family with that person.

III. Group Activity: "Turning Aggressive Messages Into Assertive Messages" (20 minutes)

GROUP ACTIVITY

Activity Learning Objective

The following activity will help participants construct assertive messages.

Material

- Paper and pencils

Directions

Divide the group into pairs and ask participants to construct 3 aggressive messages. Give participants 5 minutes to construct these messages. After they have constructed these messages, ask participants to modify their aggressive messages into assertive messages. Allow 5 minutes for participants to modify their written statements. Ask teams to volunteer their group work.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is the difference between aggressive and assertive messages?
2. Describe what are assertive communication techniques and how they should make others feel.
3. Describe the 5 steps in assertive behavior.

References:

Allen, T. H. (2000). When Words Become Weapons. Unpublished lecture manuscript. California State University, Long Beach.

Beebe, S. A., Beebe, S. J., Redmond, M. V. (1999). Interpersonal Communication, Relating to Others: Second Edition. Allyn and Bacon.

Wilmot, W. W., Hocker, J. L. (1998). Interpersonal Conflict: 5th Edition. McGrawHill.

Workshop Description

The purpose of this workshop is to teach participants how to run effective meetings.

Learning Objectives

1. To understand the reasons and requirements of leadership in meetings.
2. To understand the principles and practices of running effective meetings.

Equipment, Materials, and Supplies Needed

- Easel and flipchart
- Color markers
- Paper and pencils
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE:

I. Introduction: Leadership Techniques

GROUP DISCUSSION

There are many leadership techniques that collectively make for an effective leader. Understanding the reasons and requirements for running a successful meeting is a key technique that must be worked on. This is important because how leaders manage and run their meetings is one of the biggest “risk factors” for participation and member investment. Leaders that are able to run effective meetings are more successful at involving community residents, stakeholder and other followers in their issue.

The following workshop will help participants learn the intricacies of running an effective meeting.

II. How do you run an effective meeting?

Planning is key to running an effective meeting. The meeting needs to be carefully planned and coordinated in order to meet both the interest of the leader and of the other members.

Running or heading a meeting means more than just moving the group through the agenda. When you are leading a meeting, you are responsible for the well being of the group and the members in it. That demands a certain amount of attention be paid to “group dynamics” and other issues surrounding the meeting. The following phases will help participants understand the process of running a meeting.

Phase 1: Planning for the meeting (Agenda and goals)

Phase 2: Setting up the meeting (Logistics)

Phase 3: Running the meeting (Facilitating)

Phase 4: Meeting Following up (Next Steps after meeting)

Trainer Note: Stress that running meetings is a skill that must be learned and just like any skill, participants will only get better with practice.

Phase 1: Planning for the Meeting

The following are some critical steps in planning a meeting. Carefully review these with participants.

1. *Set meeting goals and objectives.* Be clear as to the purpose of the meeting and what you hope to accomplish. Organize and structure the agenda items to achieve your meeting goals.
2. *Decide who needs to be at the meeting.* This will largely depend on your goals and objectives. What do you hope to accomplish by having this meeting and who needs to be there to make this possible. The smaller the group the easier it will be to manage and have a meaningful discussion.
3. *Decide on a convenient time and location.* This will largely depend on your audience. Remember that pre-planning and selecting a time and location that is convenient will yield higher attendance.
4. *Draft an agenda ahead of time.* The facilitator will need to prepare an agenda to guide the meeting and keep the discussion on track. The agenda should list each item that will be discussed and the amount of time that will be spent on each item. Agenda formats vary, but generally include meeting date, time, location and items to be discussed.

Phase 2: Setting Up the Meeting

1. *Start and end on time.* Always start the meeting on time. This shows respect or people who showed up on time. Make it a habit and eventually everyone will show up on time.
2. *Set up Room, Bring Equipment and Materials.* Arrive early to the meeting location, set up any materials, and make any room arrangements. Check equipment to make sure it works.
3. *Participant Sign-In.* Have participants sign in order to keep track who attended and collect contact information in order to mail meeting report (meeting minutes).

Phase 3: Running the meeting (Facilitating)

1. *Set ground rules.* Most meetings have some kind of operating rules (guidelines for appropriate behavior). The group should discuss and agree on some ground rules. The following are the most common ground rules. You can start with these and modify them or add more depending on what your group agrees upon.

- One person speaks at a time
- Raise your hand if you have something to say
- Listen to what other people are saying
- No mocking or attacking other people's ideas
- Be on time coming back from breaks (if it's a long meeting)
- Respect each other

2. *Follow your agenda.* The agenda should guide the facilitator and keep the discussion focused on the topics that need to be covered.

3. *Do introductions.* Provide everyone with an opportunity to introduce themselves.

4. *Keep track of time.* Follow the agenda time limits. If the group seems to want to go beyond the time you have set, ask for agreement from all members.

5. *Keep the meeting moving.* Make sure all important topics are discussed. If someone's going off the agenda or is speaking too long, kindly remind them of the time. Be gentle but firm: people respect a meeting that's run well and remember clearly the meetings where someone was allowed to go on and on and on.

6. *Involve participants.* Make sure everyone is participating during the meeting. Draw out shy people and give them an opportunity to speak. Do not just let the usual suspects speak.

7. *Summarize what people say.* Wrap-up each agenda item by summarizing any conclusions out loud. Spend some time at the end of the meeting to summarize key point or next steps.

Phase 4: Meeting Follow-Up

1. *Summarizing the meeting (meeting minutes).* It's helpful to have a list of the decisions made, with any follow-up action or tasks. Meeting minutes may be a valuable tool in reconnecting with participants and relaying important information such as announcements, community information and items that are important to report even though they are not "decisions." Minutes should be short and read like a story.

III. Group Activity: Leading a Community Health Meeting (20 minutes)

Activity Learning Objective

The following activity will help reinforce skills learned on how to construct a meeting agenda.

Material

- Paper and pencils

Directions

Divide the group into pairs and ask participants to develop an agenda for a community meeting on a health issue important to them (asthma, tobacco control, health insurance, etc). Give participants 5-8 minutes to construct their agenda. After they have constructed their agenda, ask participants to volunteer their work with the group.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. Why is it important to learn how to plan and lead effective meetings?
2. What is involved in planning a meeting?
3. Why is it important to set up ground rules?
4. Why are meeting minutes important?

Reference:

Community Toolbox
Leadership, Management and Group Facilitation
Conducting Effective Meetings
http://ctb.ku.edu/tools/en/sub_section_main_1153.htm

Workshop Description:

The purpose of this workshop is to provide an overview of basic conflict management strategies and assess one's personal conflict management style.

Learning Objectives:

By the end of the workshop, participants will:

1. Gain an understanding of basic conflict management concepts and principles.
2. Learn practical conflict management skills.

Equipment, Materials, and Supplies Needed

- Easel and flipchart
- Color markers
- Paper and pencils
- Screen and overhead projector (optional)
- Overhead slides (optional)

WORKSHOP OUTLINE:

I. Lead-In Activity: Personal Communication Style Assessment (35 minutes)

LEAD-IN ACTIVITY

Trainer Note: A lead-in activity serves as an icebreaker that leads into the content of the workshop. This topic lead-in activity is particularly helpful in generating interest and introducing the workshop topic.

Activity Learning Objective

To help participants to begin to understand the nonassertive, assertive, and aggressive methods used in communication.

Material

- Paper and pencils
- Communication Styles Assessment Worksheet

Directions

Begin the class with an activity to assess the personal communication styles of the participants. Allow 10 minutes for the group to finish the assessment worksheet. Reconvene the class and share with participants the characteristics of non-assertive, assertive and aggressive communication. Ask for volunteers to share their score and discuss their impressions.

Communication Styles Assessment Worksheet

Worksheet Instructions: Indicate on a scale of 1 to 7, the degree to which each of the following statements describes your conflict communication behavior. Use the following scale:

1 = Never

2 = Very Seldom

3 = Seldom

4 = Sometimes

5 = Often

6 = Very Often

7 = Always

- _____ 1. I blend ideas with others to create new solutions to conflict.
- _____ 2. I shy away from topics that are sources of dispute.
- _____ 3. I strongly insist on my position being accepted during a conflict.
- _____ 4. I try to find solutions that combine a variety of viewpoints.
- _____ 5. I steer clear of disagreeable situations.
- _____ 6. I give in to other people's ideas.
- _____ 7. I look for middle-of-the-road solutions that satisfy both my needs and the needs of the other person.
- _____ 8. I avoid a person I suspect of wanting to discuss a disagreement.
- _____ 9. I minimize the significance of a conflict.
- _____ 10. I build an integrated solution from the issues raised in a dispute.
- _____ 11. I stress a point I am making by hitting my fist on the table when I insist the other person is wrong.
- _____ 12. I argue insistently for my position and needs.
- _____ 13. I shout when trying to get others to accept my position.
- _____ 14. I look for mutually satisfying creative solutions to conflicts.
- _____ 15. I keep quiet about my views in order to avoid disagreements.
- _____ 16. I dominate arguments until others accept my ideas.
- _____ 17. I'm willing to give in a little if the other person will consider my needs.
- _____ 18. I assert my opinions forcefully.

SCORING:

Trainer Note: Share the following scoring instructions with participants after having completed the worksheet.

Add your scores for the following questions:

2, 5, 6, 8, 9, 15 Total: _____

This is your score for **nonassertiveness**. A high numerical score (35 or above) means you use this style of communication often. A low numerical score (13 or below) means you seldom use this style.

Add your scores for the following questions:

1, 4, 7, 10, 14, 17 Total: _____

This is your **assertiveness** score. A high numerical score (35 or above) means you tend to use this style of communication often. A low numerical score (13 or below) means you seldom use this style.

Add your scores for the following questions:

3, 11, 12, 13, 16, 18 Total: _____

This is your score for **aggressiveness**. A high numerical score (35 or above) means you use this style of communication often. A low numerical score (13 or below) means you seldom use this style.

II. Nonassertive, Assertive and Aggressive Communication Characteristics Explained:

Nonassertive Communication Characteristics: is indirect, fails to stand up, keeps quiet, and is inhibited.

Assertive Communication Characteristics: is direct, expressive, level headed, listens and respect others feelings.

Aggressive Communication Characteristics: is direct, domineering at expense of another person, cuts off communication, and puts down others.

GROUP ACTIVITY

Discussion Question: Which communication behaviors do you tend to use most often in conflict situations?

Have a 10-minute discussion about this before proceeding.

A. What is conflict?

Conflict is an expressed struggle between two parties who:

- Perceive incompatible goals
- Perceive scarce resources
- Perceive interference from others in achieving their goal

B. Common Myths About Conflict

- Harmony is normal and conflict is abnormal.
- People have conflict because there is something wrong with them.
- Conflict should never be escalated.
- Anger is the predominant emotion in conflict.

C. Facts About Conflict

- Conflict is inevitable, so give yourself skills to handle the inevitable.
- Conflict is a way of bringing problems to people's attention.
- Conflict can help people to analyze and recognize their goals.
- Conflict can clear up misunderstandings and resentments.
- Conflict can bring people together.

D. Conflict Management Styles

- Non-confrontational: Avoids the problem
- Controlling: Attempts to control and win the situation
- Cooperative: Attempts to compromise and find a resolution to the conflict

III. Cooperative Conflict Management: Principles and Skills

- Separate the people from the problem
 - ✓ Acknowledge the person's feelings
 - ✓ Determine the specific behavior causing the feelings
 - ✓ Assess the importance of the issue
 - ✓ Work together to find solution
 - ✓ Make a positive relational statement:
"I can see that this is important to you."
- Focus on shared goals
- Generate many options to solve the problem. Generate solutions together.
- Base decision on objective criteria

IV. Dealing with Challenging People

Trainer Note: Ask the class to share a personal experience dealing with challenging people. Ask them how they handled the situation.

A few things to keep in mind:

- 98% of conflicts are people problems
- We need to deal with differences
- We need to be unconditionally constructive. That means we strive to give positive feedback and solutions no matter how difficult it may be.

A. If you are confronted by challenging people, remember to:

- Avoid personal attacks
- Avoid name calling
- Avoid accusing

B. Expressing anger can make things worse

- Do not bring up new matters
- Avoid remarks from the past
- Think about what to say

C. Tips on how to deal with challenging people

- Be rational—being reasonable may help in the discussion.
- Be understanding
- Be open to communication
- Use non-coercive modes of influence—reward and praise positive and constructive behavior.
- Be accepting—Let go of things you cannot control.

D. Tips on how to manage your emotions

- Control your thoughts
- Control your breathing
- Use positive self-talk to diffuse the situation and control your behavior.

V. Group Activity: Skits for Dealing with Conflict Situations (20 minutes)

GROUP ACTIVITY

Activity Learning Objective

The following activity will help participants understand the various personal communication styles (nonassertive, assertive and aggressive) used and learn how to apply conflict management techniques.

Material

- Paper and pencils

Directions

Ask for 8 volunteers and divide them into 4 pairs. Use the following skits to practice effective conflict mediation skills. Instruct volunteers to keep in mind the various tips for dealing with challenging people.

Give each pair 5 minutes to prepare. Ask for volunteers to play out their skit. Have a debriefing session after each skit by having a group discussion on mediation methods and communication styles that would be helpful in each situation.

1. Parent /Teacher Conflict

You find out that your child's teacher taped his/her mouth shut because he/she was talking too much. The teacher says that its something he does to all his students.

2. Parent /Child Conflict

Your 10 year old daughter wants to start wearing make up to school, but you want her to wait until she is 15 to start wearing make up. She says that she does not want to wait because all her friends are already wearing make up.

3. Conflict Between Neighbors

Your neighbor carelessly speeds through your neighborhood, and you are concerned for your children that play outside. He says that he does not speed and that maybe you should take your children to play at a park.

4. Interpersonal Conflict

You let your friend borrow a dress and she returns in with a tear. You ask her to fix it or pay for it. She says that she will not fix it or pay for it because it was an old dress anyways.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. Describe the 3 personal community styles (nonassertive, assertive and aggressive). How are they different?
2. Name several facts about conflicts.
3. Name some tips for dealing with challenging people and situation.

Source: California State University Long Beach, Hauth Center for Communication Skills

Workshop Description:

This workshop will provide an overview of asset mapping and its role in solving community issues. Participants will gain knowledge and skills on how to conduct an asset map in their community.

Learning Objectives:

By the end of the workshop, participants will:

1. Gain knowledge about the meaning and purpose of asset mapping.
2. Learn basic asset mapping techniques.
3. Apply asset-mapping skills to identify community resources and facilitate solving community health issues.

Equipment, Materials, and Supplies Needed

- Easel and flipchart
- Color markers
- Paper and pencils
- Screen and overhead projector (optional)
- Overhead slides (optional)

Workshop Outline:

GROUP DISCUSSION

I. What is asset mapping?

- Asset mapping is a way to identify and involve all the *capabilities, skills and resources* of a community to create community change.
- Asset mapping focuses on the *strengths* of people and communities.
- In communities where there are effective community development efforts, there is a map of the community's assets, capacities and abilities. This is because the mapping of assets provides the building blocks for regeneration and community self-reliance.

II. How is asset mapping different from other planning processes?

Needs Driven Approach: For years, planning has focused on **SWOT** — Strengths, Weaknesses, Opportunities, and Threats. The main focus of this approach has been "what is wrong with the community that needs to be fixed."

The common result has been that communities depend on outside help to "fix" them, frequently without rewarding outcomes. This can be very discouraging for community members because the focus is on weaknesses, inabilities, and the belief that only outsiders can "fix" the community.

Capacity Focused Approach-Asset Mapping: Asset mapping focuses on opportunities present within the community, not weaknesses or threats. Asset mapping uses the strengths of people, community, culture, and environment to facilitate needed changes.

Communities have never been built upon deficiencies. Building and strengthening communities greatly depend upon mobilizing the skills and assets of a group of people and of a community. This is why a map of community assets is necessary if local citizens are going to find a way toward empowerment and improvement.

Finally, asset mapping does not turn a blind eye to community problems – it identifies them and then finds resources to help deal with those problems.

III. Identifying Community Assets

Assets of a Community: Individuals, Associations and Institutions.

A community asset (or resource) is anything that can be used to improve the quality of community life.

Trainer Note: An understanding of the different types of assets (described below) is essential before moving on to the various sections. After reviewing these types of assets ask participants to identify what kinds of assets are available in their community.

- It can be a person – student, stay at home mom, grocery store worker.
- It can be a business that provides jobs and supports the local economy.
- It can be associations of citizens.
- It can be institutions—these could be public, private and non-profit institutions. These include schools (public and private), hospitals, social service agencies, police stations, libraries, parks, churches, etc.

IV. How do you identify community assets?

Starting Questions: Some questions before beginning

The techniques for identifying community assets aren't very hard. People don't need a lot of special training or expertise to do the job well. But before beginning the following important questions must be answered.

1. What is the size of the community or neighborhood?
2. What people are available to do the work? A small group of people? A large interested organization?
3. How much time do you have for this task? Remember the more time you have, the more assets you will be able to uncover.
4. How much money, if any, is at your disposal? This includes copying, mailing, incidental expenses instead of staff time and salaries.
5. What do you want to do with the results? Do you just want to keep these assets on file? Or share them with others? Or use them for action? If so, what type of action, and how will you accomplish this?

Remember the more people, time, and money you have available the more you can do. But even if you have just yourself, no money, and little time, you can still do

useful work in identifying assets that will be helpful to the community especially if no one has ever done this before.

V. Identifying the Assets of Groups

The main task here is to take an inventory of all the groups (associations, organizations, and institutions) that exist in your community. You want to make a list. But how do you figure out what goes on the list in the first place? The following are some suggestions to help this process:

1. Begin with what you know about groups, organizations and institutions. Write down anything that comes to mind. You can always correct your list later.
2. Use other sources of information to add to your list. These can include:
 - The yellow pages. They are a free, comprehensive, and an excellent source.
 - Lists of businesses, probably available from the chamber of commerce.
 - Lists of organizations, which may have already been published. Check your library or town hall.
 - Lists of organizations, which are not generally published. For example, your local newspaper may have its own unpublished list that it could make available to you.
 - The local newspaper. This is perhaps the single best current source in print that provides information about existing groups. Plus other print sources such as local newsletters, regional papers, etc.
 - Bulletin boards. Physical bulletin boards and also community -calendar type listings that might be found on local cable television.
 - Your friends and colleagues. They may know about other lists available. And even if they don't, they may know of groups, organizations, and community assets that are not on anybody else's lists.
3. Refine and revise your list. You can also break your list down in several different ways: alphabetically, geographically, by type of function, by size, by public/private membership or governance, or however you want.

This allows you to have an inventory of groups and group assets in your community the associations, organizations, and institutions that are a fundamental part of community life and that can be used for community improvement.

VI. Identifying the Assets of Individuals

Another approach is to compile the assets of individuals. This approach can be more challenging because there are many more people than groups. The abilities and talents of individuals are often unknown unless we ask them. So developing a questionnaire or other survey will be useful to identify individual assets.

Identifying individual assets often takes place over a smaller community area — a neighborhood, for example, or some other place where the task is more manageable. Here's how identifying individual assets could be done in your community:

1. Decide on the geographic area you want to cover.
2. Decide on how many people you are going to ask within that area. Everyone? A certain fixed number of residents? As many as you can find? Resolve this question in advance.
3. Draft questions you want to ask, which will get you the information you need. Are you interested in skills, ("I can speak 3 languages"), or interests ("I'd love to learn")?
 - If it is skills, what kind of skills? academic, artistic, athletic, interpersonal, manual, office, organizing, parenting, vocational, etc. Human beings have many talents, and you probably want to narrow down your search as much as possible.
 - If interests, what kind? These too come in many and varied types.
4. Design a method to ask questions. For example:
 - Will you mail out a survey?
 - Will you (more simply) have a survey available to pick up?
 - Will you go door to door?
 - Will you call people on the phone?
 - Will you have scheduled interviews?
 - Will you meet people in groups?

Each method has its pros and cons. Try out your questions on a sample group. Based on their answers and their suggestions, you will probably want to make revisions. That's a good idea, and a natural part of the process.

An added bonus: When you ask people about their talents and abilities that can also help encourage people to share them with others. So your survey may not only be identifying assets, but also promoting their use.

VII. Mapping Community Assets

Once citizens have collected asset information, it's often especially helpful to put it on a map. Maps are good visual aids: when you can see the data right in front of you, understanding and insight often increases. There are several ways to go about this:

- Mark location of resources on a street map of your community. Then just mark with a dot, or tag, or push-pin (maybe color-coded by type) the geographic location of the groups and organizations you have found. The patterns that emerge may surprise you. You may see, for example, that certain locations have different numbers or types of associations.

Those areas where few associations exist may be good targets for community development later on.

- ***Make a diagram of your resources.*** A diagram is a type of drawing that can show linkages among different categories of assets. It is a non-literal map.

Trainer Note: A sample asset map using the first method is found at the end of this section. This can be distributed among participants in order for them to see how they can map their community assets.

VIII. How to use the community assets you have identified

Whether or not citizens map their assets, the next and most important step is to make sure the assets they have identified get used. What residents have done up to now is an achievement, because not every community has come so far. There is great value in expanding residents' awareness of what exists in the community; and by sharing their results they can also expand the awareness of others.

But the real value and payoff of identifying assets is in actions that will improve your community. People should put their assets to work for them. The following are a few possibilities that you can do after mapping your community's assets:

- You can publish the assets identified and make them available to all community members. In doing so, you will stimulate public asset knowledge and use.
- You can target a particular neighborhood or other area for development, on the basis of the asset patterns you have found.
- You can use your knowledge of assets to tackle a new community project — because now you may have more resources to work on that project than you originally thought.
- You can find new ways to bring groups and organizations together, to learn about each other's assets — and perhaps to work collaboratively on projects such as the one above.
- You can keep records how assets are used in the community, and use those records to generate ideas for improving asset exchange.
- You can establish a process by which community assets keep getting reviewed, perhaps on a regular basis. New assets are always coming on the scene; it's good to keep up to date on them. By so doing, the whole asset-identification process can become a regular part of community life.

IX. Group Activity- Create An Asset Map of Your Community

GROUP ACTIVITY

Activity Learning Objective

By the end of this activity participants will be able to identify the various steps involved in asset mapping and learn how create a map of their neighborhood assets.

Material

- Flip Chart paper
- Color Markers

Directions

Ask participants to break into groups of 3 people and create a map of their community. Using a flip chart paper ask them to delineate their community boundaries using major streets or intersections. Then ask them to begin identifying the available resources in their community. These include individual, organizational or institutional assets. Encourage them to use different color markers to identify assets.

Ask each group members to share their community maps and identified assets with the class.

Workshop Quiz (Optional)

The following quiz may help you assess how much participants understood and retained from your workshop. This quiz can also be used as an activity to reinforce workshop concepts and ideas. At the conclusion of the workshop take 5 to 10 minutes to ask participants the following questions:

1. What is an asset map?
2. What is the purpose for creating a community asset map?
3. Describe strategies used to identify community assets.
4. How can identified community assets be used?

References:

This workshop was adapted from: Identifying Community Assets and Resources by Bill Berkowitz and Eric Wadud. Retrieved from Community Toolbox-University of Kansas Work Group on Health Promotion and Community Development, http://ctb.ku.edu/tools/en/sub_section_main1043.htm.

Additional References:

Kretzmann, J.P. & McKnight, J.L. (1993). Building Communities from the Inside Out: A Path Toward Finding and Mobilizing A Community's Assets. Center for Urban Affairs and Policy Research: Evanston, Illinois.

Minkler, M. (1997). Community Organizing & Community Building for Health. Rutgers University Press: New Brunswick, New Jersey.

On-Line Resources:

Children's Hospital of Los Angeles

Healthy Children Healthy City- Asset Mapping Project.

<http://www.healthychildrenhealthycity.org>

This website

UCLA Advanced Policy Institute

Neighborhood Knowledge California

<http://www.nkca.ucla.edu>

Group Retreat

This activity is a celebration of the community's participation in the Health Leadership Training. While the group retreat is **OPTIONAL**, organizations are encouraged to plan a group retreat to celebrate the successes of your community.

The Long Beach Health Leadership Training Program conducts a group retreat for each class of health leaders. The following guidelines and activities are used at group retreats. Your organization may modify the activities to meet the needs of your community.

PRE-PLANNING: SELECTING THE DATE AND LOCATION:

- ✓ Decide on the length of the retreat. The Long Beach retreat was held from 9AM-4PM.
- ✓ Secure a location that is relaxing and enjoyable for your participants. Consider a location that is less than one hour from your community. Book the location 3 months in advance.
- ✓ Provide and arrange transportation services. Contact the local bus companies or school buses in your area and find out if they sponsor your event.
- ✓ If you are providing childcare, make sure the retreat facility allows you to bring children. Make sure you have enough activities for the children during the entire retreat.
- ✓ Make arrangements for catering. Breakfast, lunch and snacks should be provided for the adults and the children.
- ✓ If you are using an outside facilitator, contact and secure your facilitator 2 months before the event. Work with the facilitators in developing the agenda.
- ✓ If you need interpreters, book their services 1 month in advance. Work with them in developing the agenda. Make sure all the planners, facilitators, and interpreters are clear on their roles for the retreat.
- ✓ Send reminder flyers to all participants and invited guests about the retreat 1 month before the event and again 2 weeks before the event.

GROUP RETREAT AGENDA

The following agenda was used at the Long Beach PPH Retreat.

Goals for the day

- Celebrate our successes as health leaders
- Conduct presentations on community projects
- Engage in fun team building activities
- Create a “roadmap” of our next steps

| | |
|---------------------|---|
| 8:00-9:00AM | Travel time from Long Beach to Discovery Science Center |
| 9:00-9:30AM | Arrive at destination Breakfast |
| 9:30-9:45 | Welcome Go over goals for the day |
| 9:45-10:30 | Icebreaker and “Getting to Know Each Other Better” |
| 10:30-12:30 | Community Project Presentations |
| 12:30-1:45PM | Lunch and Free Time to Tour Discovery Science Center |
| 1:45-2:30 | Icebreaker/ After lunch exercise |
| 2:30-4:15 | Action planning “Now that we have the knowledge and skills to be effective health leaders, what health issues do we want to address in the community?” |
| 4:15-4:30 | Closing |
| 4:30PM | Adjourn |

A note on Community Project Presentations:

As part of the graduation requirement for the Long Beach Health Leadership Training program, health leaders were required to form of group 3 or 4 people and perform a short-term solution to a local health issue. Each team had to complete a poster presentation about their projects. Each team had to conduct an oral presentation about their work at the group retreat.

Graduation

A graduation is an important component of the Health Leadership Training program. It is a time to honor our health leaders and celebrate their success as role models in the community.

Here are some guidelines for planning a memorable graduation for the Health Leaders:

Pre-planning: Preparing for the Graduation

- Plan the graduation within one month of the last session of the training program.
- Look for a location that is convenient for your graduates. Consider booking the local community center at your local park.
- Send invitations to graduates and their families.
- Ask local caterers or restaurants to donate food for your celebration.
- Invite special guests and speakers at least one month before the graduation.
- Order plaques or certificates for your graduates 2 months before the graduation.
- If your funding permits, consider buying special gifts for your graduates such as T-shirts or flowers.
- Develop a short program for the graduation.
- Celebrate!

CREDITS AND ACKNOWLEDGEMENT

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- Ronald Arias, Director Long Beach Department of Health and Human Services
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TELL US WHAT YOU THINK!

Please return form to:
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3820 Cherry Avenue, Long Beach, CA 90807
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Cheryl_barrit@longbeach.gov

We hope that the Health Leadership Training Guide is useful to your organization. To assist us in improving the guide, please complete the following evaluation:

Note: A copy of this evaluation form is on the CD-ROM that came with the toolkit, in case you would prefer to type your comments on the form.

1. Please rate the Health Leadership Training Guide overall:

☐ Very useful ☐ Somewhat useful ☐ Not useful

2. Is there: ☐ Too much information ☐ Just enough ☐ Too little

Comments:

3. Which sections did your group complete and which were most/least helpful?
(Please check)

| SECTION | COMPLETED | MOST HELPFUL | LEAST HELPFUL |
|--|-----------|--------------|---------------|
| Section I: Identifying and Assessing Community Problems | | | |
| Workshop A: Understanding How Public Health Works in Our Community | | | |
| Workshop B: Identifying What Affects Our Health | | | |
| Workshop C: Using Health Data | | | |

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| SECTION | COMPLETED | MOST HELPFUL | LEAST HELPFUL |
|--|-----------|--------------|---------------|
| Section II: Solving Community Health Problems | | | |
| Workshop A: Problem Solving Skills for Health Issues | | | |
| Workshop B: Conducting Surveys and Program Evaluations | | | |
| Workshop C: Organizing a Community Forum-A Community Discussion on Health Issues | | | |

| SECTION | COMPLETED | MOST HELPFUL | LEAST HELPFUL |
|---|-----------|--------------|---------------|
| Section II: Solving Community Health Problems | | | |
| Workshop A: Working Across Different Cultures | | | |
| Workshop B: Public Speaking Skills - Persuasve Speaking | | | |
| Workshop C: Public Speaking Skills - Speaking with Confidence | | | |
| Workshop D: Assertive Skills | | | |
| Workshop E: Leading Effective Meetings | | | |
| Workshop F: Conflict Management | | | |
| Workshop G: Asset Mapping | | | |

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4. How could we improve the Health Leadership Training Guide?
5. Where did you hear about the Health Leadership Training Guide?
6. Other comments: